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ABBÉ GREGOIRE ON NURSING

CONTRIBUTED BY RUTH BREWSTER SHERMAN

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SOME philosopher has said that however well we may know the history and outcome of any reform, we cannot fully understand it until we discover its original inspiration. From Mrs. Fenwick's article, "The Evolution of the Trained Nurse," in the *Outlook* for January, 1900, from Dr. Ferguson's papers with the same title in the *JOURNAL* for April, May, and June, 1901, and from the addresses published in the *JOURNAL* during and since the last International Congress of Nurses, even the youngest probationer can have ample information concerning the beginning and growth of nursing; but it was just while the Congress was in session that I found, not, indeed, the "original inspiration," but what is certainly an interesting proof of the need, the faith and the hope which underlay the venture of training women for the care of the sick.

In 1820—sixteen years before Frederica Fliedner opened the school at Kaiserswerth and the very year that Florence Nightingale was born—Abbé Gregoire's pamphlet on nursing was printed. It is noteworthy that this should have come from France, which is now in the rear of civilized countries in the care of the sick. The text of this essay, if extant, is very rare, but in the *Christian Observer* for August, 1820, is the review of its contents, and, believing that this will be interesting to all readers of the *JOURNAL*, I give an exact copy of this article, which was printed in England and America nearly a century ago, while the Fliedners were in their early maturity and sixteen years before they were destined to make the first practical trial of its theories:

"The benevolent ex-bishop of Blois, whose zealous exertions in so many other departments of philanthropy are well known, has recently printed a tract (I am not aware whether it is published) proposing a

plan for instructing attendants on the sick in the discharge of their arduous but often ill-performed duties. Among the evils, he remarks, which afflict humanity, there is one which, though not a malady itself, aggravates every malady and often renders it mortal—the want of due care, or an indiscreet mode of management. The powers of medicine, without good nursing, are proverbially of little avail; and the Abbé justly adds, that ‘even affection and kindness, indispensable as they are, are insufficient without that skill and sagacity which are derived from the habit of attending the couches of affliction.’

“M. Gregoire proceeds to depict, in distressing colors, the case of widowed and bereaved persons, ‘celibataires,’ strangers, and travellers, who, though possessed of fortune, often find that money cannot purchase the attentions which they require. The description which he gives of hired nurses is sufficiently appalling, and I should hope greatly exaggerated—at least, if I may judge from our own country, where, perhaps, we may manage these affairs better than in France; though I suppose no one will deny that amongst us also there is ample room for improvement in this useful class of society, to whom we must, most of us, at one time or other, be indebted. In the article of ‘ivrognerie,’ which the Abbé joins with ‘malpropreté, rapacité, and inhumanité,’ I fear we are even worse off than our Gallican neighbors; though, among the modern and better instructed race of nurses, the evil is greatly diminishing. Our hospitals have done much for rearing well-informed attendants on the sick; and thus, as in many other instances, the charity of the rich has, by the providence of God, been turned to their own advantage. I am not, however, aware that a school for nurses forms a regular part of hospital discipline, though it appears well worthy of doing so, and would be an incalculable benefit to the community. I would propose that in every infirmary any respectable female, who wishes to learn ‘the art’ of nursing, should be apprenticed, if I may so express it, for a certain term—say six or twelve months—and receive a course of theoretical and practical instructions in her intended profession; and, if found competent, should be entitled to a certificate of her ability and moral deportment.

“The last-mentioned qualification carries me back to the benevolent Abbé, who justly remarks on this subject: ‘I am sure to displease certain persons; but I am confident I speak the truth, when I assert that *morality can have no fixed basis but in religion*. Beyond this line we discover nothing but the fluctuating interests of the passions. If blindness or despair lead certain persons so far astray as to desire annihilation, or to see nothing but annihilation beyond the grave, the greater part of mankind nevertheless consider it an indubitable fact that this world is

but the entrance to eternity, and that the present life is but a noviciate for one which shall endure without limitation. His future existence is therefore the chief object to a sick man; and when he has attended to the affairs of his soul, the calmness of his mind is a great assistance in seconding the efficacy of medicine.' 'Who, in such a case,' continues the Abbé, 'but would desire to have around him persons imbued with the same principles?'

"M. Gregoire pays a just tribute of applause to several orders or institutions in his own church, for their exemplary attention to the office of visiting and attending the sick. In our own church, and among the various sects in this country, a benefit of the same kind, at least as to visiting, is effected by means of numerous charitable institutions, and particularly the Strangers' Friend Society. M. Gregoire wishes, however, for regular asylums for the sick who can afford to pay for the attentions they require, but have no friend particularly interested in their welfare, and are consequently left a prey to mercenary agents. He would have these infirmaries conducted by women, who should be willing also to attend the sick, if required, at their own homes. 'To women,' he remarks, 'Providence seems to have confided, if not exclusively, at least in an especial manner, the honorable privilege of assuaging sorrow and consoling those who suffer. A woman can far better take care of a sick person, than a man of equal experience, intelligence, and goodwill; for women only,' he adds, 'have that tone of compassion which penetrates the heart, that instinct which divines and anticipates the wants of the sick, and that patience which pliantly bends to all their caprices.'

"The worthy Abbé does not seem to be very sanguine as to the success of his suggestions in his own country; for he remarks that all endeavors have hitherto proved unsuccessful to establish in France a Servants' Friend Society in imitation of those in England, and at Vienna and Hamburgh, in order 'to ameliorate the character of servants,—a class, in France, so numerous and depraved;' and he adds that illiberal criticism and sarcasm on his plan 'will only prove anew, what experience already attests, that no man can attempt to do good with impunity—especially in France.' There is, perhaps, too much truth in this remark as respects every country; but I trust the benevolent Abbé may find also the truth of another maxim,—that a good man usually, in time, lives down opposition: and even should his actions be misunderstood in this world, they will be rightly interpreted at a higher and more impartial tribunal.

"AN INVALID."

THE BOSTON FLOATING HOSPITAL

By ROBERT W. HASTINGS, A.M., M.D.

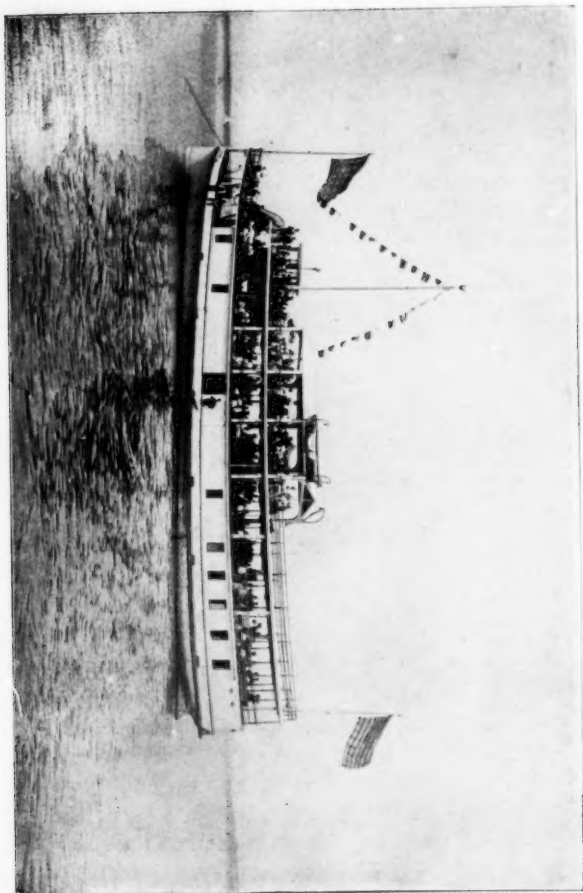
Resident Physician

THIS is an age of specialists. In every department of life this tendency is evident. Indeed, the mere statement has become trite. Knowledge has widened so greatly and so rapidly that no man or woman can hope in the span of an ordinary life to grasp even the whole of what is known of the branch which most interests him or her. Hence the selection of a special portion for study and the steady limitation and definite fixation of bounds. When the process is begun too early, a narrow, inefficient life results. But when first there is a broad education and on this foundation is built up a superstructure which takes form as a result of the choice of the individual tastes, the greatest possible success is attained. This is true in business life and in professional life, and it is true of a nurse's life.

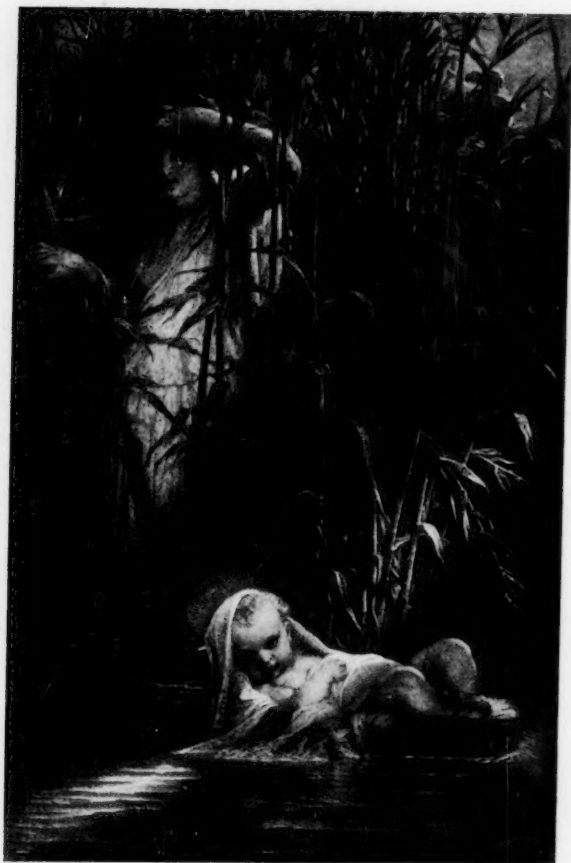
Let there first be a good common-school education, the more complete the better, then a thorough training in a general hospital, and finally, if inclination points the way, a special training in a special hospital. The result is a nurse well equipped for any of the varied experiences which will come to her, and with a specialty which, though it may by no means occupy all of her time at the first, will be more and more interesting and satisfactory.

It is in connection with such a special training that the Boston Floating Hospital offers some exceptional opportunities, of which I wish to tell you.

When the work was started in 1894 the efforts were mainly directed towards getting as large numbers of poor, sick babies, with their mothers, and, if need be, brothers and sisters, out in the fresh air for a day, as possible. Large numbers promptly came and were allotted a place on the barge. A nurse and an assistant directed the mothers in the care of the little ones. The next year it was the same story, only there were more trips. Gradually more interest was taken in the medical treatment of the little ones. Volunteer nurses were called for and generously responded. Finally, babies were encountered too sick to be sent home at night. Nurses to be on hand day and night became a necessity. Of course, their expenses must be met, as in all hospitals. The doctors were paid by the instruction they received, and the same method of payment seemed desirable for the nurses. Hence a course of lectures was planned and advertised to be



AT ANCHOR



THE FIRST FLOATING HOSPITAL

given by the members of the medical staff. This was immediately appreciated by the nurses, and in 1899 eight nurses received diplomas for proficiency in their work during that season. Eleven graduates in 1900, twelve in 1901, and sixteen in 1902 show the increasing interest as well as the enlarging demands of the hospital. Nearly all these nurses have been graduates of other general hospitals. It is hoped to make this a requirement, for it adds greatly to the efficiency of the nursing. They come from all parts of this country, and even from Canada and Australia.

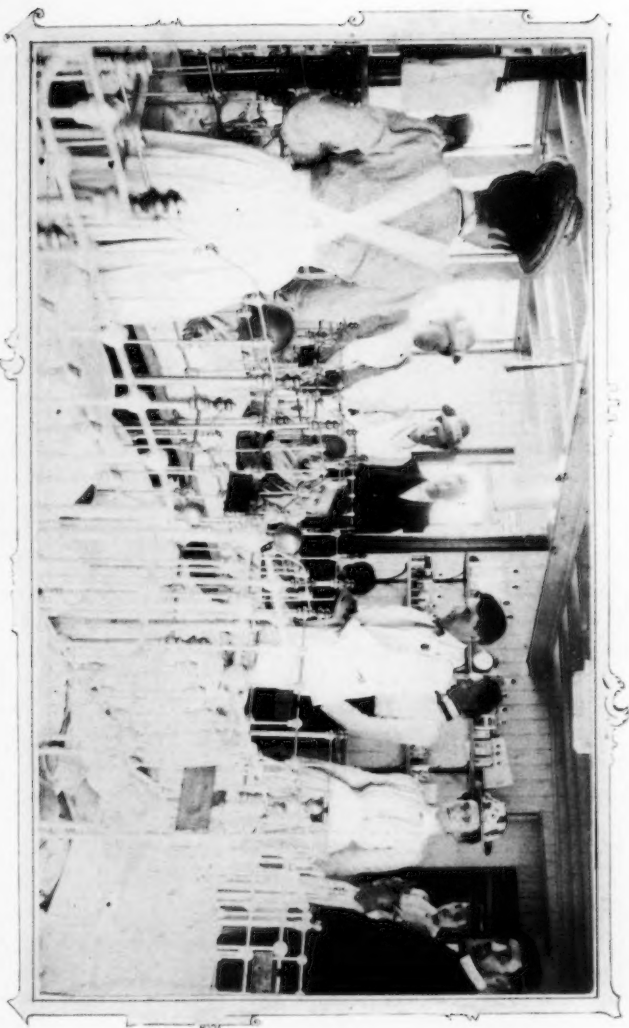
What, then, are the advantages which have so promptly engaged the attention of the nurses? First, the hospital, which is unique. It has gradually changed from those early days when the excursion element predominated until now that has been almost entirely eliminated. There are about sixty cribs grouped in four wards. Ward D has windows on two sides which allow of nearly complete opening of the walls to fresh air. Ward C has no walls, only curtains, and is used chiefly for tuberculous cases. Wards A and B are more completely protected, and are supplied with an abundance of air at just the right temperature and humidity by our "atmospheric plant." No contagious cases are taken. In case one develops while the boat is away from the wharf or is smuggled in, it is as completely isolated as possible.

Most of the open upper deck, protected by an awning, is devoted to day patients, who in this hospital take the place of the out-patients of a general hospital. The mother or older sister, or more rarely the father, brings the child to the boat in the morning and is admitted with it to this upper deck, styled Ward E. Cribs and cots occupy all available space, and here the little ones are placed. A head nurse with one or two assistant nurses directs the care of these babies just as they did when the hospital was first started. A graduate student is externe and has three undergraduates to assist him, while the work of all is supervised by the resident physician. Very much can thus be done for these sick babies during a day, vastly more than in any out-patient department. But the actual care of them comes chiefly on the mothers who accompany them. When the boat reaches the wharf again in the late afternoon they all go home, many of them wonderfully invigorated and some of them to return day after day. Records are collected and filed, medicines and bedding put away, and these nurses go below, where nowadays the chief work of the hospital is done.

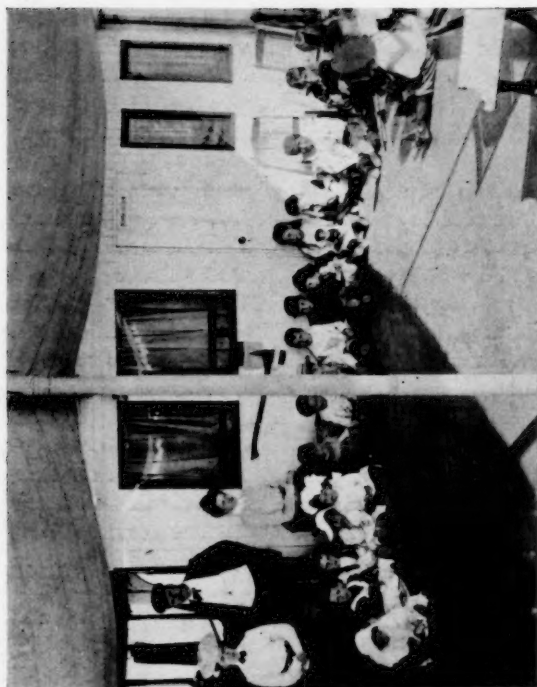
For here are between fifty and sixty of the sickest babies in Boston and vicinity. Some of them have been selected from the sickest ones brought to the upper deck, and the parents persuaded to give them their only chance of life, which lies in careful, persistent watching and nursing. By far the larger part, however, are sent by the physicians of the city,

who have come to realize that here is a last resort well worth trying. Two hundred and seventy-two such little ones were admitted during the season of 1902, which lasted ten weeks, July 8 to September 15. Half as many more were rejected because of lack of room! Nearly all the time some cribs contained two babies. One hundred and six of these were under six months old, eighty-nine from six months to a year, and seventy-seven over a year old. The fact that all our efforts failed to save eighty-six of them shows how very sick they were. The average length of stay was twelve days. Of course, diseases of the digestive tract formed the largest number of the diseases treated. But bronchitis, broncho-pneumonia, lobar pneumonia, furunculosis, atrophy, otitis media, meningitis, rhachitis, and various other diseases of less numerical strength swelled the total of diseases to five hundred and fifty-seven.

These crowded wards and variety of diseases mean a busy—very busy—life for the nurses. The system of work is much the same as in other hospitals,—on duty at seven A.M. and off at eight P.M., with definite times for meals and for rest, and regular hours off duty on certain days. Meals are served in a little dining-room and are the same as for the resident medical staff. For rest, a portion of the upper deck is curtained off and couches provided. Comfortable rooms are hired at the Maverick House, in East Boston, located within easy walking distance of the wharf where the boat ties up at night. The nursing work is under the efficient direction of Miss L. A. Wilber, who has been our superintendent of nurses since that office was established. Head nurses and night matron are graduates of previous years. Much of the instruction given cannot be novel. In its application, however, there are some peculiarities. Thus all diarrhoeal diseases are considered contagious. Hence all who come in contact with them, whether doctors or nurses, wear elbow-sleeves and frequently scrub hands and arms with a cyanide of mercury solution. For the same reason all flies are carefully screened away, and all diapers disinfected and as soon as possible destroyed. Extra precautions are constantly observed to prevent contamination of the food, either in its preparation or in its administration to the babies. Careful physical examinations of each child are made, in which the nurses assist and are privileged to ask questions and gain all possible information. Post-mortem examinations are made whenever permission can be secured, and one or two nurses are privileged to be present at each. They thus have a chance to learn just why their utmost efforts have failed, as well as to become familiar with the actual lesions of disease. Practical training also involves assisting in the preparation of the foods and in serving them, and the administration by bottle, spoon, dropper, nasal tube, cesophageal tube, high and low enema, and sometimes subcutaneously.



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THE BOSTON FLOATING HOSPITAL

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NIGHT REPORT.

[illegible]

Then there are the various methods of reducing temperature, colon irrigations, the use of normal salt solution in hypodermoclysis and in lavage, and many other features which are emphasized by repeated use and experience.

For the purpose of recording the nurses' observations the chart on the preceding page has been devised. A fresh one is used each day, and three days' records are allowed to hang with the history sheets and clinical charts above each crib. The visiting physician always has at his hand, thus, a full record of the most recent facts and a complete record of the most important observations. The half-hour intervals do not signify that a note is made thus often throughout the twenty-four hours. But it enables quite accurate notes with the least possible expenditure of time and effort.

The theoretical training includes, besides the instructions given by the superintendent of nurses and the head nurses, a course of twelve lectures by the members of the visiting staff. The subjects the past season were "Premature and Sickly Infants," "What to Observe in Children," "Infant Feeding," "Medicinal Therapeutics," "Syphilis in Infants," "Nervous and Mental Disease of Children," and "Congenital Deformities." Each lecture occupies about one hour, and they are given usually twice, the nurses attending in two sections—thus, from seven to eight P.M.—without impairing the work of the hospital. Two are planned for every week, allowing for emergencies when the doctor is detained or when the pressure of work is so great as to make it inadvisable to add to the labors of the nurses. Notes are taken by the nurses, written up, and corrected by the lecturers. At the end of the season a written examination is given, and nurses who have done satisfactory work in wards, notes, and in this examination are awarded diplomas. The paper this last season was as follows:

"NURSES' EXAMINATION.

"TRAINING-SCHOOL OF THE BOSTON FLOATING HOSPITAL,

"September 12, 1902.

"*Express your meaning clearly. Re-read your answers.*

- "1. What are the signs of health in an infant?
- "2. (a) What should be done to prevent contamination of milk by bacteria?
(b) What should be done to correct such contamination after its occurrence?
- "3. Discuss maturity, health, and care of a male child seen on the eighth day after birth. Weight, three and one-third pounds; length, sixteen and one-half inches; skin reddish, wrinkled, scaling; nails almost to finger tips; breasts swollen; urine stains reddish yellow; ankles swollen and tender; cries on being taken.
- "4. Name the principal points of difference between the abdominal organs of the child and the adult, and the inferences to be drawn therefrom.



EDWARD EVERETT HALE D.D.



PATIENT AND NURSE

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- "5. State the difference between an observation and an opinion and give example of each. How does this distinction affect the conduct of the nurse?
- "6. What effect has hemorrhage in the mother upon the oxygen supply of the unborn child?
- "7. What food should be given to a case of gastro-enteritis, and why?
- "8. How does the relatively small size of the child affect the care of it as to heat and cold?
- "9. What are mucous patches? Where do you find them? What do they look like? Are they contagious?
- "10. Give one good rule for determining the 'initial dose' in children."

We believe, therefore, that a nurse who is a graduate of the Boston Floating Hospital will be familiar with the peculiar anatomical and physiological features of children, the points to be observed in every case, and those to be seen only in surgical, contagious, or defective children, or in those having some special forms of disease. She will know what foods are suitable for various ages and for different diseases, and how to prepare them, and the main lines of treatment employed, as well as something of the reasons therefor. She will have learned from experience how to irrigate the colon, to wash out the stomach, to give nasal feeding, to get enemata retained, to give normal saline solution under the skin, how the pulse and temperature run in critical cases, and the modification which may be secured by prompt stimulation. She will be conversant with the important things to be noted in infants' dejecta and know what are the peculiarities following certain lines of food. She will have seen, too, the specimens of diseased tissue of babies over whom she has patiently worked and know why the efforts failed. Such a nurse will be invaluable to a doctor who has a very sick baby under his care. He knows that his orders will be skilfully carried out, that the observations he desires will be made and recorded, and that emergencies will be promptly met.

178 DEVONSHIRE STREET, BOSTON, MASS.

IS THE PROFESSION BECOMING OVERCROWDED?

BY AN OBSERVER

THIS question came up before my mind not long ago as I sat with a group of women all of whom had graduated from one of our most thorough-going and excellent schools of nursing. They were five in number: one only was beyond what might be called the best years of a working woman, the rest were enjoying the prime of vigor.

All were women of notable and exceptional success as nurses. They all had in a marked degree that quality of womanliness which comes first

and foremost among the characteristics of a good nurse. They were sensible, kindly; home-makers, and endowed with sympathy, brains, and tact. I had seen them with patients on private duty and as head nurses of wards.

It seemed a little sad to look at these women and realize that the profession of nursing had lost them,—for they had all entered different lines of work, in which, true enough, their nurses' training stood them in excellent stead, but in which it was not the main thing.

Two had studied medicine, and each was established in a cosy and home-like little flat, a sort of combination of the "bachelor-girl" and business woman's apartment, and these two young doctors have already a good general practice, are members of the medical societies, and are doing well financially. They are full of interest in social problems, are ready to assist in reform work, and are still also interested in the progress of the nursing profession, although as time goes on this must inevitably become overgrown with the affairs of their own medical colleagues.

Another had given up nursing for the specialty of massage, and was also successful and happy. Still another had become interested in the lives of wage-earning women in offices and shops. She had done every kind of nursing with success, and finally gave up district nursing to establish a club where meals of good quality and small price were served to working-women. Her assistant was also a nurse, and this business enterprise is being conducted with eminent skill and success. The fifth had retired from active nursing from reasons of health and had worked up for herself a well-paying industry in making surgical supplies, sanitary articles, and outfits, which she disposed of in trade channels.

As I contemplated these ex-nurses I concluded that there was no immediate danger of the profession being overcrowded, and only felt sorry that five incompetents could not have been removed to other spheres instead of these, all so capable and excellent.

One of them said to me: "Every nurse should be advised to so cultivate and prepare herself that there shall be at least one other thing in which she may excel, so that she may, if necessary, have some other way of supporting herself. No nurse should be dependent on nursing alone; she should have some other resource in case her health fails, or her family claims her, or for any reason she wishes to give up nursing." This seems like sound advice, and I am inclined to think that if all trained nurses who have taken up other lines of work were to make themselves known to the JOURNAL, the sum total would be quite astonishing.

Many women, after a period of service in nursing for ten years or so, feeling a longing for healthy, well people, for vital, creative work, go into other activities, and I believe this is a good thing for them—

selves and for the whole service. A continual fresh element is thus kept pouring into the work of self-denial and seclusion with the sick, and the fagged and weary ones are dispersing themselves into the strong currents of the world life, there to be reinvigorated and refreshed.

POST-GRADUATE WORK *

BY LUCY WALKER

Superintendent of Nurses, Pennsylvania Hospital, Philadelphia; President Philadelphia County Graduate Nurses' Association

WE hope to gain to-day some ideas which may be useful in helping us to arrive at more definite conclusions regarding:

1. The value of post-graduate work.
2. The difficulties in the way of making it feasible.
3. The best way of obtaining it.

That it is a need we shall all probably agree. Nursing is a very young profession, and has within a very short period of time grown and developed rapidly. Nurses who graduated some years ago were not offered the opportunities of the nurses of to-day. Great changes have taken place in the attitude of hospitals towards their training-schools. Arrangements have been made for better instruction and more careful supervision, and a higher order of work is expected from the students. In the early days of nursing reform physicians and surgeons did not require from nurses what to-day they expect as a matter of course. Nurses who have recently graduated are often given the preference over those whose services, by reason of their greater experience, should be of much more value, and as a result the latter fall behind in the race. This is not as it should be. We do not find it so in the medical profession. Young doctors are content after several years of study to *wait* for success, because they know that the public prefers men of experience. And yet medicine and surgery are also progressing. Why do not the older men, who have not had the opportunities of the younger, also fall behind in the race?

The answer to this question will help us to realize that post-graduate work is of the very highest value. The successful young medical student, after gaining his theoretical knowledge at a college, enters a hospital and gives his services for a term of two years or more in order to gain a practical knowledge of his work. He then opens an office, hangs out his sign, and *hopes* for patients. But does he consider his medical education

* Read before the Philadelphia County Graduate Nurses' Association.

now at an end and himself as merely an earner of money? Is it not his first endeavor to get permission to work in one or more dispensaries? Does he not *give* his services gladly, in order to keep in touch with the work being done in the great city hospitals? He is glad to work under men of larger experience; he studies, reads the medical journals, mixes with members of his own profession, and just as soon as he is permitted to do so becomes a member of the various medical associations. He attends meetings to hear discussions of professional interest, or perhaps to take a modest part. As his practice extends, he does not consider himself so busy or so successful as to call a halt in self-improvement. To the end of his days he is to be found working in the hospitals, preparing papers, comparing experiences with other doctors, perhaps learning from those younger than himself. He never knows enough, and is always ready to add any knowledge that will aid him in his professional career; for he knows that the greater his knowledge and experience the more valuable he becomes to the community at large.

I would ask you to compare his professional life with that of the graduate nurse, and then let each one answer to herself the question,—

“Has post-graduate work any value?”

But, it will be said, the doctor's work is so different from that of the nurse. He gives but a part of his time each day, whereas she, in taking a post-graduate course, would have to give the whole of hers; and with that protest we enter upon the second division of our subject,—

“The difficulties in the way of making it feasible.”

That there are “difficulties” we cannot deny, but is any path that is very smooth and even very much worth while? It is true, the nurse would have to give all her time in taking a post-graduate course, but the time so spent is an investment from which she looks for a return just as surely as she looks for a return from a certain sum of money invested. She *invests* a small portion of time at intervals. Let those of us who graduated some years ago think how much more efficient we should be to-day had we made a practice of investing even a few days or weeks of each year in self-improvement, for in talking of post-graduate work we do not exclude the nurses who hold hospital positions. Are they gaining a knowledge of the work done elsewhere? Are they continuing their studies? Are they discussing subjects of professional interest with other members of their profession? Are they taking an active part in the work of the various nurses' associations?

But, it is said again, suppose the nurse is willing—nay, eager—for post-graduate work, where is it to be procured? Do not the hospitals close their doors and refuse to grant the opportunities she seeks? A serious difficulty presents itself here. It is true that hospitals are not

very willing to offer post-graduate courses. Let us consider if there be any reason for this attitude on the part of women who are themselves nurses and should be willing to coöperate with others in their desire for self-improvement.

A nurse who wishes to take a post-graduate course, as a rule, expects the hospital to give her board, lodging, and laundry work, with some payment added on. This should not be. But, you say, she *works*; she should be paid. From a hospital point of view a nurse coming for a limited time cannot form part of the regular nursing staff, and her services are therefore of little value. And, think again, do doctors demand payment for the post-graduate *work* they do?

And it is well to remember that in many hospitals only the regular staff can be accommodated, and it would be impossible to arrange for the housing of graduates, even if they were willing to pay for the privilege.

Again, a nurse who takes a post-graduate course is apt to expect the best positions, usually given to the senior undergraduates. It would be manifestly unfair to deprive the undergraduates of any valuable experience they can gain; and superintendents have the responsibility of seeing that their pupils graduate as *qualified* nurses, and that the experience which is of right theirs should not be given to others.

Again, nurses from other schools are apt to be critical of methods differing from those to which they have been accustomed, and superintendents hesitate to run the risk of introducing a disturbing element where the best discipline is essential.

In considering this difficulty our third division of the subject presents itself, viz.,—

“The best way of obtaining post-graduate work.”

Two suggestions occur to me, and in making these it is to be remembered that money compensation should not be considered. To pay graduate nurses when giving them the opportunities for study would not be the proper way to expend hospital funds. It is different with the undergraduate, who gives her services for a long period in return for her training, although it is now the opinion of many whose judgment we must respect that even the undergraduate should receive no compensation.

The first suggestion I would offer is that nurses might act as substitutes during the vacation seasons in any special department selected by themselves. There would be room for them at this time of year, and no one could accuse them of taking valuable experience from others. It is also the time when they have most leisure, when they are not so likely to have regular work.

The other suggestion is that they take a course as assistant to the head nurse of the department in which they wish to work. This would

not interfere with the work of the undergraduates, and would be of service to the graduate, as she would gain an insight into the whole work of the department from the point of view of the head nurse and the doctor. Unless, however, this course were taken during the vacation season it would be necessary for her in the majority of cases to room outside the hospital.

There is another phase of post-graduate work which we as a society should consider seriously and do all in our power to aid. There are many special hospitals with training-schools attached, and the women who enter these schools do not receive training in all branches of nursing. Graduates of these schools are not, as you know, eligible for membership in our association *unless* they have had such other additional nursing work as may be considered by our council to make up for the deficiencies of their training. In making this regulation we were not actuated by the desire to exclude any. We simply felt that as an association we could not stamp with our approval those who were not fully qualified. Many of the individual women who are trained in these schools would be an acquisition to any association, and we should be only too glad to welcome them if by post-graduate work they qualified themselves for membership.

The large general hospitals should make provision for receiving such women for a definite period of time, and thus give them the further experience they need. This should not be a difficult arrangement to make if the nurse would stay for a period sufficiently long to warrant the superintendent in counting her as one of the regular staff. If trained only in surgical work, for instance, one year of medical could be added in a general hospital and a certificate granted. I cannot see any grave objections to this, and if it were the custom it would be a help in our large and growing schools, where every year an increase of the staff is necessary, and the output of nurses is correspondingly increased.

Again, nurses trained in large general hospitals should be enabled and encouraged to take post-graduate work in special hospitals. What nurses, for instance, trained in a hospital without nervous wards are fitted to take care of the cases of nervous prostration to which they are so frequently called in private practice? or how can they properly care for contagious cases without special training? These are cited as but two examples of the need.

In our own county association it should be possible to do a great deal of post-graduate work. We have been trained in different hospitals and probably have been taught different methods of work. Can we not compare notes and try to take for our own the very best from all schools? If we strive at each meeting to exchange thoughts on nursing

subjects, we *must* be the gainers. Often the question is asked by nurses who take no interest in the work done by our associations, "What good will it do me? You ask me to spend my hard-earned money in paying fees. What can you give me in return?" It is not easy to convince these nurses that while the return seems intangible, it is very real and most helpful. We do not receive interest *in cash*, but we most surely receive an interest, *trebly* paid, when we find ourselves as the years go on working with a greater knowledge, broader minds, and higher aims.

HOSPITAL ECONOMICS, TEACHERS COLLEGE, N. Y.

PHYSICAL EDUCATION 10—APPLIED ANATOMY AND PHYSIOLOGY

THIS course deals with the methods of teaching anatomy and physiology in training-schools for nurses. The demonstrating materials include skeletons, dissected specimens, and the best French manikins. Students have practice in conducting demonstrations and quizzes and presenting topics to the class. Time is given to the discussion of the methods of teaching and the best materials and books for use in class work. Papers are prepared on assigned topics.

Required of special students in hospital economics:

In presenting a topic to the class the student who for the time being acts as instructor prepares her lesson according to her own idea of class work for nurses. Having the subject-matter in hand, an outline of the main features is made, material for demonstration is prepared, and a list of books for reference made up. The student-instructor then comes before the class and presents her lesson as she would in her own training-school. So far the work on this lesson has been that of one student, which develops individuality, showing more or less of original method and to a considerable extent her ability, powers of observation, and tact in handling a class. Then the interesting moment comes when she resigns her position as instructor and faces her critics. The outline prepared with so much thought, method of presenting the subject-matter, and manner of handling demonstration material follow in regular order like so many acts of a play. The critics prune and graft till she has little left of the original lesson plan. This is "telling tales out of school." Taking it seriously, the students are greatly interested in this class work. The discussion is free and full, and honest criticism is taken as so much gain. The following outline has been used by a member of the class. It would be interesting to give the discussion it called forth, but as this

cannot be done we offer it to you as it was used by the class, suggesting only a starting-point from which to work, not a finished product.

THE VERTEBRAL COLUMN AND THORAX

Definition and location of vertebral column. Function.

General description, laying stress on special landmarks, the curves and their function; the four divisions and the characteristics of each division.

Which part most liable to injury, and why?

Does the general structure of the column make it liable to simple dislocation?

Description of a typical vertebra.

Fifteen minutes for quiz.

Fifteen minutes for description of a typical vertebra and general description of the vertebral column.

THE THORAX

Definition, location. Relative position, function.

General description of sternum. General description of ribs.

Thirty minutes.

(To be continued.)

THE WORLD'S WAR AGAINST CONSUMPTION

COMPILED BY L. L. DOCK

ONE of the foremost knights-errant in the crusade against tuberculosis is Dr. S. A. Knopf, of New York, who is writing, speaking, and in every way striving to arouse general effort against this dreadful disease.

Dr. Knopf's pamphlet, "Tuberculosis as a Disease of the Masses," which received the prize of the German Tuberculosis Congress, has been translated into English, French, Italian, Portuguese, Dutch, Russian, Polish, Bulgarian, Roumanian, Hungarian, and Yiddish, and published in fifteen different countries. The right of translation and publication is freely granted in the interest of humanity. Three hundred thousand copies of the German edition have been printed and distributed.

In an address given in Canada in April last Dr. Knopf gave an account of the extent of the anti-tuberculosis movement throughout the world, from which extracts are as follows:

"Throughout Europe a most active anti-tuberculosis movement is going on. Societies for the prevention of tuberculosis or for the erection of sanatoria exist now in nearly all European countries, and these socie-

ties are sanctioned, helped, and patronized by governments, kings, and princes. England has its National Association for the Prevention of Consumption and Other Forms of Tuberculosis, with his Majesty, King Edward VII., as patron, and his Royal Highness, the Prince of Wales, as president. . . . This British National Association for the Prevention of Consumption counted already at the end of last year thirteen branches.

"In Germany the work of societies for the prevention of tuberculosis and sanatorium associations started under the patronage of her Majesty the Empress Augusta Victoria, who likewise became patroness of the congress held in Berlin in 1899 under that appropriate name, 'Kongress zur Bekämpfung der Tuberkulose als Volkskrankheit' (Congress for the Combat of Tuberculosis as a Disease of the Masses). 'The General Central Committee for the Erection of Sanatoria for Consumptives,' which has done such good work during the past few years, remains under the patronage of her Majesty the Empress. . . .

"Nearly every German city of importance has its sanatorium association. They, in common with the 'invalidity insurance companies,' have accomplished a vast amount of good in procuring sanatorium facilities for thousands of consumptive poor of the German Empire.

"In France, where the government has taken a most active part in the anti-tuberculosis work, private enterprise has created a journal called *La Lutte antituberculeuse*. . . . This journal is the official organ of twenty-five distinct anti-tuberculosis movements, under a variety of names, such as Popular Sanatorium Work, French League against Tuberculosis, Agricultural Colony for Poor Convalescent Consumptives, Maritime Sanatorium Association, Maritime Sanatorium for Scrofulous Children, Society for the Prevention of Tuberculosis and the Gratuitous Lodgment of Poor Consumptives in Sanatoria, Work for Tuberculous Children, etc. Five of these associations are located in Paris, two in Bordeaux, and two in Lille, the rest throughout the departments of France.

"The very latest news which comes to us from France speaks of a federation of seventy-six various anti-tuberculosis institutions in that country, which sent delegates to an assembly convoked at Paris, March 16, for the purpose of uniting them all into a national federation. The success of that plan surpassed all expectations, and the result of the deliberation was the formation of a central bureau and council for mutual aid. It was furthermore proposed to establish a permanent exposition for everything needful for the campaign against tuberculosis.

"Japan, Russia, Austria, Italy, Portugal, Spain, Holland, Denmark, Sweden, and Norway have done similar work, though not on such an extensive scale. In some of the Latin-American republics, too, there

has been an awakening, and to judge from the *Revista de la Tuberculosis, Organo de la Liga Argentina contra la Tuberculosis*, they are doing excellent work in the Argentine Republic, Chile, Brazil, Uruguay, Paraguay, Bolivia, Ecuador, Peru, Mexico, etc. In January, 1901, in Santiago de Chile, there was formed a permanent national commission for the prevention of tuberculosis in Latin America (Commission Internacional Permanente por la Profilaxia de la Tuberculosis en la America Latina).

"In Cuba anti-tuberculosis work is most active. It is carried on partly by the United States military chief sanitary officer and partly by the Tuberculosis Society of Cuba, under the presidency of Dr. Emilio Martinez.

"The latest international development in the combat of tuberculosis has been the formation of an international Central Bureau for the Prevention of Tuberculosis, with its seat in Berlin. Its objects are: (1) To collect all news relating to the combat of tuberculosis in various countries; (2) to collect the literature on the subject; (3) to reply to questions relating to the anti-tuberculosis movement; (4) to petition the proper authorities to further the cause; (5) to receive and make suggestions relative to the international combat of tuberculosis, especially as regards investigations, the publication of popular essays, and arranging lectures and meetings; (6) to publish a periodical to be sent free of charge to all members containing the reports of the work done by the International Central Commission and discussing other subjects of interest to the cause.

"Every country is represented by at least two members, and countries with more than two million inhabitants are entitled to one or more representatives for every five million people; but the total number of members for a single country must not exceed five.

"Here in North America we have perhaps not done quite as good work as our brethren in Europe. In Canada, however, though your country has a smaller population than the United States, greater strides in the anti-tuberculosis work have been made than in the latter country. You have already a Canadian Association for the Prevention of Tuberculosis, while we have but a few small societies striving to do the same work you are doing. They are the Pennsylvania, the Colorado, the Ohio, the Maine, the Minnesota, and the Illinois Societies for the Prevention of Tuberculosis. Besides these State associations, there exist in Baltimore a Laennec Society for the Study and Prevention of Tuberculosis, a similar one in St. Louis, composed of the alumni of the City Hospital; a Cleveland City, a Buffalo City, and Erie County (N. Y.) Society, and in New Hampshire the Suncook Association for the Prevention of Tuber-

culosis. There exists as yet no American or United States society for the prevention of tuberculosis. It grieves me to make this statement and I do it not without a sense of humiliation. But I am full of hope, and I trust that the example which you, our good neighbors, are setting us to-day will not be without fruit. I devoutly hope that some day in the near future we may even enjoy a union meeting of the present Canadian and the future United States Societies for the Prevention of Tuberculosis. I look forward to the time when, by a combined effort, we may be able to combat tuberculosis as a disease of the masses throughout this continent."

Dr. Knopf in a recent address demonstrated that communities would gain financially by the establishment of sanatoria in which to place their consumptive poor. He said:

"I will take as an example New York State, where it is estimated that there are about fifty thousand tuberculous invalids. Of these probably one-fifth belong to that class of patients which sooner or later become a burden to the community. These ten thousand consumptives, absolutely poor, will sooner or later have to be taken care of by the public general hospitals. While they may not stay in one hospital for twelve months continuously, they will certainly occupy a bed in one of the public institutions for that length of time before they die. According to the last annual announcement of the public charity hospitals of New York, the average cost per patient per day in the general hospitals was one dollar and sixteen cents. Thus the cost to the Commonwealth will be four million two hundred and thirty-four thousand dollars per year for caring for the ten thousand consumptives.

"What would be the expense if they were taken care of in a sanatorium? Experience in this country and abroad has demonstrated that the maintenance of incipient cases in well-conducted sanatoria can well be carried out for one dollar per day. If these ten thousand were to be sent to a sanatorium in time, at least six thousand of them would be lastingly cured after a maximum sojourn of two hundred and fifty days, at an average expense of two hundred and fifty dollars per capita. Thus, for one million five hundred thousand dollars six thousand individuals would be made again breadwinners and useful citizens. If the remaining four thousand invalids were kept in the sanatorium one year before they died, it would cost one million four hundred and sixty thousand dollars. Thus, taking away from the tenement districts ten thousand consumptives, curing more than half of them and caring for the other half, and destroying ten thousand foci of infection will cost two million nine hundred and sixty thousand dollars. If we do not take care of them in the earlier stages of their disease, they will probably all die, since this

ten thousand represents the absolutely poor who now live under the most unhygienic conditions; but before dying they will have cost the community four million two hundred and thirty-four thousand dollars."

(To be continued.)

WHAT THE SUPERINTENDENT GETS IN HER MAILS

By MARY AGNES SNIVELY

Superintendent of Nurses Toronto General Hospital

In reading a copy of the *Ladies' Home Journal* not long ago my eye caught these words, "What the President Gets in His Mail." This led me to think that possibly some of the readers of THE AMERICAN JOURNAL OF NURSING might care to know something about the exacting and unremunerated duties which confront the superintendent of a hospital in her position as public servant, consequently a few specimen letters, all of which are genuine, are appended:

Mr. A., chairman of the Hospital Board of Trusts, writes: "We are just now on the subject of hospital furnishing, and know you are an enthusiast on that subject. Would you mind sending me a list of necessary kitchen articles, from an egg-beater to a kitchen range?"

Mr. B. sends a printed list of questions to be answered covering a page of foolscap, beginning with: "What kinds of beds have you in your public wards? Kinds of springs and mattresses? Cost and where obtainable?" and ending with: "How do you manage as to patients sent from outside the city, also city patients? Who pays? Is surgery included? How is your medical staff appointed, also consultants?"

Miss C. has just accepted a hospital position and would like a complete list of articles necessary for a private room. Would like an estimate regarding number of sheets, pillow-cases, towels, etc., as well as china and cutlery, and the probable cost for furnishing such a room. She encloses a list of articles for a public ward with the request that this be corrected or revised.

Dr. D. has opened a private hospital and wishes to secure a head nurse possessed of every possible qualification and virtue, and states that he is prepared to offer a salary of fifteen dollars per month, with board, room, and laundry included, but rather than not get the right sort of woman he would be willing to go as high as twenty dollars per month, provided she came three months on trial.

A perplexed superintendent of nurses states her troubles thus: "I am writing you regarding matters of discipline in connection with train-

ing-schools and would like to know: When nurses are off duty are they allowed to see gentlemen friends at their home? Are they allowed to meet gentlemen outside and accept their company as far as the residence? What is your general rule regarding the company and movements of nurses when off duty? I think nurses are a great bother anyway; they are always wanting something or other. Hospital life at best is an uncertain condition, and one never knows when matters may arise which may so involve the management that the honest efforts of the superintendent may be misunderstood, and her influence may be neutralized if not altogether destroyed."

A literary lady wants to place a little matter before the superintendent which she explains as follows: "Our little village was without a public library, so, in order to raise funds for this purpose, we decided upon a 'Japanese tea.' For the sum of fifteen cents the purchaser was provided with a nice cup of tea, and was allowed to become the possessor of the cup and saucer in which it was served. I was chosen by the Ladies' Committee to purchase the requisite number of cups and saucers, and in doing this I overestimated the number required by about six dozen. The 'tea' was a success, but I am now in the very unpleasant position of having this large number of cups and saucers on my hands, and as everybody in the village has already bought one, it is not possible to dispose of any more here. The thought occurred to me that possibly you might manage to sell them to the nurses in your school. I know nurses are generally fond of having pretty cups and saucers in their rooms, and these they could have at a lower cost than they are selling for down town. Kindly let me hear from you at once, as this is a matter of great importance to me."

On a particularly busy morning an enthusiastic young woman is ushered into the office. She greets the superintendent gushingly, telling her she has made up her mind to enter a hospital. (She expects this remark to make a profound impression.) She proceeds: "I want you to tell me if you think I will make a good nurse. I'd like to be *sure* on that point, for I would not like to fail, you know. I've had my head examined and the phrenologist said I was adapted for nursing, and when mother was ill the doctor said to me, 'Why don't you go into a training-school?' I think I'll go to New York, but I have come to ask your advice about the different schools, and I want you to give me some addresses in Philadelphia and Boston as well, with your private opinion regarding the relative merits of these schools."

The door closes, and as the young lady disappears a middle-aged woman is shown in, bringing with her a daughter aged sixteen years. The mother looks about in a frightened way, to be assured she is alone

with the superintendent, then asks distractedly, "Are you the matron of the Lying-in State Hospital?"

The superintendent, alone once more, turns to her morning mail, and finds a note from an editorial friend requesting an article for the next issue of his periodical entitled "A Nurse's Duties in a Hospital from Early Morn till Dewy Eve."

A second letter reads: "Have you anyone with you whom you could recommend as being able and willing to take a situation in the country? Our house is large, and I want a girl or woman able to clean floors, wash, iron, and do general plain cooking, able to assist in milking if necessary. Must be careful, clean, and nice-mannered, an able woman for general work in a country place. My work is not heavy country work, but I am particular, and want it done *well and clean*."

The third one is still more interesting: "Dear Madam, I don't know your name; however, I want you to tell all the nurses that you have heard from me, and that I want them to write to me, for I dearly love them all, and you too, whether I know you or not. I have found the dear, kind nurses to be loving and obliging, and I know how glad the poor, suffering patients were to get a paper to read to help to take their thoughts off their pain, and I now think I have got a lovely magazine that everyone can afford to take. It costs only twelve cents a year. It contains over thirty pages, stories and fancy work, and recipes and fashions. I want you to please tell the patients about it. They can have it sent to the hospital or to their own homes. Please try and get all you can and send them to me by the 25th of this month. I will reward you for your trouble. Excuse this scribbling, but I am doing this for the sake of some poor patient. I hope this will catch some of the dear nurses."

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 432)

It may appear to the "initiated" that I have entered overmuch into the details of the preparation for a surgical operation, but my department is dedicated more especially to the requirements of the "home nurses,"—viz., members of the family who are often called upon in the absence of a trained nurse to supply her place as far as lies in their power.

I am well aware that it would be difficult—I might say impossible—

for these untrained nurses to carry out all the instructions I have given, but they may accomplish some part of the preparation, and by having a clear understanding of what is required will be able the more intelligently to assist the nurse and to work under her guidance. Moreover, it sometimes occurs that the nurse may be unable from various reasons to reach the house until a very short time before the operation, in which case if one of the family reads over the instructions carefully, orders the supplies from the drug-store, chooses the room and has it thoroughly cleaned, and collects the various basins and other utensils that will be required, she will go a long way towards lightening the burden of the nurse, and set her free to attend to the more complicated parts of the preparation.

It goes without saying that the arrangements for a minor operation take far less time and thought than the preparations for a major one. To begin with, it is quite unnecessary to remove carpets or curtains or any of the larger pieces of furniture. The room must be thoroughly swept and dusted; rocking-chairs, couch, or fancy tables should be taken away to leave a good, clear space around the operating-table. If the room is small, the chiffonnière and dressing-table—entirely covered with clean sheets—may be pushed to one side, and the bed (prepared as already described) might be rolled into a corner.

The curtains are pinned up in sheets and pushed back from the windows. If the floor should be hard wood, or painted, so much the better, for then the rugs may easily be turned aside, but when—as is generally the case—a carpet covers the floor, take an old comfortable, blanket, or large rubber sheet, spread it in front of the brightest window, and cover it with clean white sheets, which must be tacked firmly at the four corners to prevent their wrinkling up and tripping the doctors and nurses (an old double sheet will answer the purpose, or a cheap quality bought for the occasion).

The kitchen table is then placed on the middle of the sheet and draped according to former directions.

The rest of the room is arranged in the same manner as for a major operation, the difference being principally in the number of articles required, three bowls and pitchers being sufficient, and six gallons of sterilized water, three hot and three cold. Half the number of towels will suffice, the wet sterilized towels may be dispensed with, and only two dozen dry sterilized towels provided.

As a general rule surgeons add to their list for all operations a small can of oxygen, simply to have on hand in case of emergency. The apparatus should be examined beforehand to see that it is in working order and the tubing attached, so that it may be ready at a moment's notice.

Salt-solution is used largely in these days, almost to the exclusion of all other solutions. One well-known surgeon goes to the extent of having all the sterilized water made into salt-solution by adding salt to it before boiling in the proportion of two ounces to every gallon of water.

The preparation of the patient is practically the same for a major or minor operation, and it will save a good deal of trouble if she can be persuaded to take the anæsthetic lying on the table instead of being carried from another room. If it is so arranged, throw a sterilized towel over the instruments and other surgical appliances that the patient may be spared the sight of the glittering array, which might well daunt the stoutest heart.

Then—as Henley so thrillingly describes it:

“ They bid you close your eyelids,
And they mask you with a napkin,
And the anæsthetic reaches
Hot and subtle through your being.

“ And you gasp and reel and shudder
In a rushing, swaying rapture,
While the voices at your elbow
Fade—receding—fainter—farther.

“ Then the lights grow fast and furious,
And you hear a noise of waters,
And you wrestle, blind and dizzy,
In an agony of effort,

“ Till a sudden lull accepts you,
And you sound an utter darkness—
And awaken—with a struggle—
On a hushed, attentive audience.”

As soon as the operation is over and the patient transferred to bed, no time should be lost in putting the room in order and removing all traces of surgical work before she regains consciousness. A screen is drawn around the bed, the shades lowered, and the nurse or assistant surgeon remains beside the patient until she is fully conscious, while the servants may be called in to carry away the table and other appliances, gather up the soiled linen (which should be steeped in cold water immediately to remove the bloodstains), and take the coverings off window-curtains and furniture. It will be of great benefit in overcoming the nervous reaction of the patient when emerging from “the thick, sweet mystery of chloroform” (or ether) if her eyes rest on the familiar aspect of her room, arranged as she is accustomed to see it, with no trace of the operation within sight or hearing.

Plenty of air should circulate through the room to overcome the smell of ether, and encourage the patient to take some long, deep breaths to remove the ether from the lungs.

Of course, the head must be laid low, and every part of the body kept as quiet as possible to prevent nausea.

The surgeon will give full directions as to the after care of the patient, and as to what particular complications—if any—might be likely to occur.

(To be continued.)

SANITARY INSPECTION: A NEW FIELD FOR NURSES

By L. L. DOCK

IN the last year or two we have heard a good deal of positions as Sanitary Inspector, and women have been sought for such positions, but have not always been readily found. Nurses have been urged to try to secure such positions, on the ground that their training gives them a superior advantage and fits them peculiarly for the work of Sanitary Inspector, and this is quite true; however, there is much vagueness among those who have thought and inquired about it as to what special training is required. Within the past year the opening of a number of positions to women as Sanitary Inspectors under the Tenement-House Commission of New York City has brought the subject still closer, and it is to bring the work to the attention of nurses, and to help them to understand just what is required, that this article is written.

Sanitary inspection of houses, factories, shops, etc., means simply an extension of the supervisory work of the good head nurse when she makes thorough rounds in her wards, looking into every corner and cranny, turning out closets, examining drains and pipes, waste-boxes, soiled-clothes chutes, garbage and refuse receptacles; or of the good housekeeper, searching the dark corners of the cellar, and bringing her inquisitive nose to investigate every suspicious whiff of air.

It is peculiarly the kind of detail work for which well-trained women are fitted, and for which the trained nurse, with her knowledge of bacteriology and of the causes and origin of diseases should be especially well-fitted. The nurse's training in system and order (if this has been good), and her experience in learning how to get through with a great variety of work in a given time, also her habits of discipline and proper subordination to proper authority, if well grounded in her, should give her a great advantage over the woman who has not been trained and disciplined, however intelligent she may be.

The Sanitary Inspector, though she should be and is expected to be a good deal of a health missionary and teacher of sanitation, is yet not conducting an independent business. She must exercise the same discretion and propriety in the matter of reporting as the head nurse is expected to show. Some things are within her own power to administer and influence; others lie with her superiors, and she must not infringe, but must promptly report and wait results.

It is quite necessary that a woman inspector should really love the kind of people among whom her work takes her. If she is not thoroughly sympathetic with them, she will not make a success of work so delicate and requiring so much tact. She must be sincerely their friend, in a true and steady and sensible way, and must love teaching, explaining, enlightening, and demonstrating.

It will be just as well for her to remember that extreme cleanliness is quite a recent accomplishment even for the superior portions of the human race, and not to deal too severe a judgment on people who have not yet advanced so far in general culture. It requires constant vigilance even for favored people to keep themselves and their surroundings absolutely clean; much harder is it for toiling and drudging humanity, among whom the Sanitary Inspector is sent. She must remember, too, that the knowledge of bacteriology and of the origin of diseases which she has, which intensifies and vivifies the impression made upon her by every pile of rubbish and every bad smell, is totally absent from the minds of most of her people. Many of the Italians, for instance, have the ideas of the Middle Ages in regard to disease and household hygiene.

The Sanitary Inspector, therefore, must have some comprehension of the historical period in which the minds of her people belong. Also she must not be afraid of work.

As for the special knowledge required, this must, unfortunately, at present be obtained in a rather desultory way.

Dr. Price, in his "Hand-Book on Sanitation," says: "In England the public-health laws require that a Sanitary Inspector shall have a certificate from one of the several sanitary institutes giving diplomas in sanitation after a course of study and thorough examination. Here in the United States we have no such special institutes, and no educational requirement is made of the candidate except a civil-service examination, which is, at best, insufficient to show the qualification of the candidate. It is true, some medical and other colleges have lately established courses in sanitary science, but the teaching is as yet very rudimentary, and the students are not usually those who seek sanitary positions."

The would-be inspector, then, must be largely self-educated. What shall she study?

Dr. Price says again: "He should have at least a high-school education; should know something of geology, physics, chemistry, mathematics, mechanics, physiology, and the allied sciences, and be able to draw. He should have made a thorough study of sanitation, both theoretical and practical; should understand thoroughly the principles of ventilation, drainage, plumbing, etc., besides knowing enough of practical building construction, etc., that he may not be hoodwinked by builders or plumbers."

In looking over this somewhat formidable array of subjects, one realizes how much of the foundation of it all has been laid in the excellent lectures on hygiene and sanitation now given in our best training-schools for nurses. Graduate nurses who have no opportunity of special study in technical institutes are advised to apply for the privilege of attending such lectures in some good training-school. Then, taking these as the basis, she can follow out the various subjects in greater detail in such books as Harrington's "Manual of Practical Hygiene." An excellent plan would be to have a quiz-master on these subjects—a high-school teacher or someone whose knowledge sufficed.

The large and exhaustive works on hygiene contain all the theoretical side of plumbing which the student needs to master. For the practical side, if she could find some progressive and intelligent plumber who would quiz her, and who would take her about and show her the various points pro and con about plumbing, this would be the best possible preparation for sanitary work.

The plumbing is absolutely necessary. It must be studied as thoroughly as possible. Mathematics is important, for the calculation of areas, cubic space, etc.

For nurses who contemplate working in New York City there are the special codes of that city—sanitary code and tenement-house law—practically to be learned by heart.

Among the smaller hand-books, the best decidedly, because the most comprehensive and yet concise and definite, is Dr. Price's "Hand-Book on Sanitation."

It is especially useful to those choosing New York as their field, as it contains much directly relating to the New York law, and much practical instruction from the precise stand-point of the Tenement-House Commission. It is quite certain that sanitary science will grow and that trained women will take it up. As the demand increases the opportunity for completer special education will appear,—“first the function, and then the organ.”

No occupation could possibly offer more interesting and satisfying possibilities, especially to the women whose temperaments incline them

to become discouraged over purely palliative or ameliorating work. After one has worked for a time in healing wounds which should never have been inflicted, tending illnesses which should never have developed, sending patients to hospital who need not have gone if their homes were habitable, bringing charitable aid to persons who would not have needed charity if health had not been ruined by unwholesome conditions,—one loses heart and longs for preventive work, constructive work—something that will make it less easy for so many illnesses and accidents to occur, that will help to bring better homes and workshops, better conditions of life and of labor.

This all seems possible with the development of a "Science of Health."

BOOKS FOR STUDY

- "A Manual of Practical Hygiene." By Charles Harrington, M.D. Lea Bros. & Co.
 "Municipal Engineering and Sanitation." By M. N. Baker, Ph.B., C.E. Macmillan Co.
 "Municipal Sanitation in the United States." By Charles V. Chapin, M.D. Snow & Farnham, Providence, R. I.
 "Dangerous Trades." Edited by Thomas Oliver, M.A., M.D., F.R.C.P. E. P. Dutton & Co.
 "Hand-Book on Sanitation." By George M. Price, M.D., Medical Sanitary Inspector, Department of Health, N. Y. John Wiley & Sons.
 "How the Other Half Lives." By Jacob A. Riis.
 "The Housing Question in London from 1855 to 1900." C. J. Stewart, for the London County Council.
 "Tenement-House Reform in New York from 1834 to 1900." For the Tenement-House Commission, by Lawrence Veiller, Secretary, 61 Irving Place, New York.
 "The Housing Problem." By F. Spencer Baldwin, Ph.D., Civic Department of Twentieth Century Club. Boston, Mass.
Municipal Affairs, fall number, 1902, containing articles on housing conditions. Reform Club, 50-52 Pine Street, New York City.

WHAT STATE REGISTRATION FOR NURSES MEANS *

By SISTER IGNATIUS
 Of Mercy Hospital, Chicago, Ill.

SELF-PRESERVATION is said to be the first law of nature. Every creature, from the tiniest insect to man,—the grand masterpiece of the Great Creator,—one and all, following the instincts of nature, practises this law.

* Read at the meeting of the Illinois State Association of Graduate Nurses, Chicago, February 9, 1903.

Man, when his life is in danger, either stricken by disease or accident, at once seeks the aid of his fellow-man; his intelligence makes him call for a physician, and he wants a good one at any cost, verifying the truth of the words, "A man will give all he has for his life."

Physicians some years ago sought to protect their good names by weeding out of the profession men who were not properly qualified and whom they were pleased to dub "quacks."

This object they attained by securing a law which required State registration, and this law enforced State Board examination, which compelled each man to prove that he had attained the standard of knowledge necessary to satisfy the State Board of Examiners that he was qualified to be intrusted with human lives.

Pharmacists then took up the thought, and, following the example of the physicians, who must be legally qualified to prescribe, determined that the druggist must be legally qualified to prepare the prescription, consequently must have State registration, which implies State Board examination. By this means unqualified persons are excluded from the profession and better service is secured for the public.

To give an idea of the necessity of the registration law for pharmacists I will relate a fact regarding an examination which was held at Springfield in December, 1882. When the law was first enforced fifty-seven men and one woman came up for the examination, making fifty-eight candidates for State registration. Three men and the woman passed a successful examination, making the result fifty-four failures and only four successful candidates, one of the four being the first woman who took the State Board examination in Illinois.

The result of this examination and others goes to prove the necessity of a law to elevate the standard of education in materia medica and pharmacy in general.

The State law now requires that the physician and pharmacist possess a certain amount of knowledge in these branches of science before they are intrusted with human life.

The trained nurse has now become an adjunct to the physician and pharmacist; the former *prescribes*, the latter *compounds*, and the nurse *administers* the remedy. This trio unites in one grand effort to restore the health of the patient.

As State registration has elevated the standard of physician and pharmacist, so will it elevate the standard of the trained nurse, thus giving better and more uniform service to the physician and patient, and also prove an additional safeguard to the nursing profession.

A WORD ABOUT TRAINING-SCHOOL LIBRARIES, WITH A SHORT LIST OF TEXT- AND REFERENCE- BOOKS

By M. A. NUTTING

WHILE the accompanying is very far from being a complete list of either text- or reference-books, it will afford a useful working equipment and form at least a good nucleus for a school library. Many books are not mentioned which would prove valuable additions either for reference or instruction, and probably many which are quite as useful as those named happen to be unknown to the writer. The list could be extended and amplified in many ways, and so interesting is the subject of training-school libraries and nursing literature that one is often tempted to undertake the preparation of a complete bibliography with the publication of an index or dictionary which should place at the disposal of every nurse some idea of what has been written about her own profession and where to find it. In addition to a good number of reference-books, school libraries should contain the transactions each year of the various nursing societies, complete files of nursing journals, pamphlets and monographs on nursing or hospital matters, and articles on nursing in medical or other papers and periodicals. These articles are often not only of unusual interest, but have beyond this the value which history has. They present the point of view, the stage of progress, and perhaps public opinion of a period, and should be preserved. Let anyone who wishes direct evidence of this read letters published in English medical journals of that date from some of the physicians who were working with Florence Nightingale in the Crimea.

In certain departments, such as that of food and dietetics, a large and important list could be added to that given here. In fact, we have barely touched upon the literature of this subject. The student will find many useful pamphlets and small publications, such, for instance, as the "Farmer's Bulletins," published by the Department of Agriculture. All books or pamphlets of this nature should be kept in the place where the work goes on, so that the student may have constant access to them; those relating to foods should be in the diet-school room; and the books concerning bacteriology, disinfection and sterilization, the preparation of surgical dressings and appliances, should be kept in the surgical supply rooms, where the student engaged in sterilizing and handling this work practically can refresh her mind concerning causes and effects.

The writer has watched the reference library of the Johns Hopkins Training-School grow within a very few years from about thirty volumes

to nearly two hundred, and at few hours of the day can one go into the class-room without finding eager students making notes or looking up interesting points.

TEXT-BOOKS

- Anatomy and Physiology*.—"Text-Book of Anatomy and Physiology," by Diana C. Kimber; "The Human Body," by H. Newell Martin; "Elementary Physiology," by Thomas Huxley.
- Hygiene and Bacteriology*.—"The Hygiene of Transmissible Diseases," by A. C. Abbott; "Hygienic Measures in Relation to Infectious Diseases," by G. H. F. Nuttall; "Practical Hygiene," by Louis F. Parkes.
- Materia Medica*.—"Materia Medica for Nurses," by Lavinia L. Dock; "Materia Medica, Quiz Compend," by S. O. L. Potter.
- Food and Dietetics*.—"Food Materials and Their Adulterations," by Ellen H. Richards; "Chemistry of Cooking and Cleaning," by Ellen H. Richards; "Domestic Science in Schools," by L. W. Williams; "The Boston Cooking-School Cook-Book," by F. M. Farmer; "Individual Recipes," by Helen Spring.
- General Nursing*.—"Notes on Nursing," by Florence Nightingale; "Principles and Practice of Nursing," by Isabel A. Hampton; "Text-Book of Nursing," by Clara Weeks Shaw; "Fever Nursing," by J. C. Wilson; "Notes on Surgery for Nurses," by Joseph Bell; "Obstetric and Gynæcologic Nursing," by E. P. Davis; "The Analysis of Urine," by James Tyson.
- Infants and Children*.—"Hygiene of the Nursery," by Louis Starr; "A Text-Book of the Diseases of Children," by Louis Starr; "The Care of the Baby," by J. Crozer Griffith.
- The Nervous and Insane*.—"Nursing and Care of the Nervous and Insane," by Charles K. Mills; "Fat and Blood," by S. Weir Mitchell; "Nervous Diseases," by S. Weir Mitchell.
- Massage*.—"Lessons in Massage," by Margaret D. Palmer; "Practice of Massage," by A. S. Eccles.

REFERENCE LIBRARY

- Anatomy and Physiology*.—"Gray's Anatomy," "Quain's Anatomy," Vol. III., Part IV.; "A Text-Book of Physiology," by M. Foster.
- Hygiene and Bacteriology*.—"The Principles of Sanitary Science and Public Health," by William T. Sedgwick; "The Story of Germ Life," by H. W. Conn; "The Story of the Bacteria," by T. M. Prudden; "Drinking Water and Ice-Supplies," by T. M. Prudden; "Dust and Its Dangers," by T. M. Prudden.
- Materia Medica*.—"Materia Medica and Therapeutics," by R. Bartholow; "The Action of Medicines," by L. Brunton; "Poisons," by A. S. Taylor.
- Food and Dietetics*.—"Practical Dietetics," by Gilman Thompson; "Food and the Principles of Dietetics," Hutcheson; "Diet in Sickness and Health," by Mrs. Ernest Hart.
- General Nursing*.—"Hospital Sisters and Their Duties," by E. C. E. Luckes; "Minor Surgery and Bandaging," by H. R. Wharton; "The Roller Bandage," by W. B. Hopkins; "Accidents and Emergencies," by C. W. Dulles; "The Principles and Practice of Medicine," by William Osler; "The Science and Art of Midwifery," by William Lusk.

- Infants and Children*.—"The Treatment of Children," by T. M. Rotch; "Diseases of Infancy and Childhood," by L. Emmet Holt.
- The Nervous and Insane*.—"Hysteria and Allied Affections," by G. J. Preston; "Clinical Lessons on Nervous Diseases," by S. Weir Mitchell; "Brain and Overwork," by H. C. Wood; "A Primer of Mental Diseases," by C. B. Burr.
- Massage*.—"Handbook of Massage," by Emil Kleen; "Handbook of Medical Gymnastics," Wide.
- Miscellaneous*.—"Hospitals, Dispensaries, and Nursing," by Drs. Billings and Hurd; "Nursing Ethics," by Isabel A. Hampton; "The History and Progress of District Nursing," by William Rathbone, M.P.; "A Guide to District Nursing," by Mrs. Daere Craven; "Visiting Nurses," by R. G. Shawe.

BACTERIA IN THEIR RELATION TO HEALTH AND DISEASE *

By CHARLES DEAN YOUNG, M.D.

Assistant Visiting Physician to the Rochester City Hospital

(Continued from page 430)

II. SPECIAL SPECIES OF BACTERIA

We are now to look at some of the more interesting, and to us important, kinds of bacteria, and to see, as far as we can, wherein their life interests run counter to ours and by what means we are enabled to protect our interests against theirs. Before reaching the pathogenic forms I wish briefly to speak of one or two of the non-pathogenic species to which I have already alluded.

The favorite bacterium for experimental purposes is the one which I told you was the cause of the miracle of the Bleeding Host. Its peculiarities are so striking that it is recognizable at all times and without difficulty. It was one of the first bacteria studied, and early received the name *Micrococcus Prodigiosus*, which it has since retained. Yet it is not a globular bacterium, but a short rod—a bacillus, and not a micrococcus. In growing on nutrient gelatin it is only the colonies on the surface which show the characteristic pigment, which is at first pink and later a deep blood-red. The substance which in contact with the oxygen of the air produces this color is a product of the growth of the bacteria, and not the bacteria themselves. By certain changes in the nutrient medium it is possible to grow colonies of this bacterium which will not produce color, while the individual bacteria in the colonies cannot be distinguished otherwise from those which still retain the color-producing property. This process of growing a modified bacterium is called "at-

* Read before the nurses of Rochester City Hospital.

tenuation." It is of importance because it shows that the excretions of bacteria may be modified artificially.

The hay bacillus (*B. Subtilis*) is one of the most widely distributed of all bacteria. It takes its name from its being regularly found in hay and in vegetable infusions of all kinds. The formation of spores and a whole series of facts, afterwards found applicable to bacteria in general, were first noticed in the study of the hay bacillus. This bacillus grows very rapidly. Observers have stated that a cell can divide and become two new bacilli within half an hour, and keep up this rate of increase until the nutrient medium is exhausted. The hay bacillus is one of the species in which the organs of motion—flagella—have been distinctly seen at either end of the rods.

Blue milk, which was once thought to be produced by a special disease of cows, is caused by a bacillus which naturally is called the blue-milk bacillus (*B. Cyanogenus*). These bacilli are fond of oxygen and develop their color on the surface of the nutrient medium. On potato the growth is very rapid and characteristic. The culture-medium is saturated with the pigment.

Sea-water is the home of a special group of micro-organisms which possess the property of shining in the dark (*B. Phosphorescens*). In artificial cultures this property is readily observed. The most widely distributed member of this group will retain its light-producing power for months. If by becoming attenuated the bacilli lose this power, it may be restored at any time by adding two or three per cent. of common salt to the food medium.

In order that you may understand the action of pathogenic bacteria in producing disease in man and other animals it is necessary for me to lead you on to debatable ground. But I will give you as much fact and as little theory as possible, and the observed facts are sufficiently numerous to give the highest degree of probability to the theory. As you are aware by this time, bacteria are living beings which require a definite quantity of nutriment for their support. If they are parasitic,—existing upon or within another organism,—they take this nutriment from the organism which harbors them, and which may suffer thereby. The chief food which these parasites require consists of albuminous substances—the materials out of which body-cells are made. Another element of their food is oxygen, which they also take from the living tissues. But of still greater importance than what they take away from the tissues is what they leave behind. In the decomposition of albuminous matter, caused by bacteria, certain substances called *ptomaines* are produced. These possess extremely poisonous qualities, so that even small quantities suffice to kill the larger animals in a short time. Now, by the processes of

isolation and cultivation of pure cultures, investigators have found that the principal pathogenic species of bacteria excrete specific substances out of their nutriment which prove to be genuine *toxines* or poisons. These poisons when inoculated into susceptible animals produce some of the symptoms which would be caused by inoculation of the bacteria themselves. An animal may be either susceptible or immune to a given disease. If susceptible, he may acquire the disease under proper conditions; if immune, he would not acquire the disease. E. S. Abbot defines infection and immunity as follows: "Infection is due to the introduction and spread throughout the body of bacterial poisons . . . derived from the germ-substance of the bacteria. Resistance to infection is *natural* by means of physiological and chemical processes, and *artificial* by means of antiseptics, induced tolerance for the poisons, and increased capacity to destroy the poisons and germs. Induced tolerance is secured by the administration of increasing doses of the poison, beginning with a non-toxic dose. Increased capacity to destroy germs and poisons is secured by the administration of the serum of animals in whom induced tolerance has been established. The immunity conferred by these methods is more or less temporary and is never absolute." To quote again from Fränkel: "We may safely lay down this proposition: The action of pathogenic bacteria is chiefly to be explained by their producing specific, extremely poisonous substances which seriously injure the organism, influencing it in a definite manner, and thereby causing definite, independent forms of diseases."

Pathogenic bacteria possess the ability to multiply indefinitely within the organism which they invade. Hence their excretions, the poisons, are constantly increasing in the body, so that the quantity of germs which invaded the body at its first infection is a matter of little moment. Another fact of importance is the discovery, made in 1880 by Pasteur, that under certain circumstances certain pathogenic microorganisms lose their poisonous power to a greater or less extent without any other perceptible change. This diminution of virulence, or attenuation, which we have already noted in the case of the color-producing bacilli, was the stepping-stone from which Pasteur made his brilliant series of investigations which ended in protective inoculation. It is upon this principle that are founded the various Pasteur Institutes scattered over the globe. At these institutions immunity from hydrophobia is obtained by those who have been exposed to the disease by inoculation with the attenuated germ of this disease. This principle is doubtless the basis of the immunity against smallpox furnished by inoculation with the vaccine virus, although the specific germ of this disease has not yet been positively identified.

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS *

By GRACE FORMAN

Graduate of the New York City Training-School

SEVERAL interrogations present themselves when one tries to attain a right attitude of mind towards such a subject.

1. What are always the common needs of such?
2. How can we meet these needs?
3. What does each one need?
4. What can we offer to meet each need?

You may date the discovery of interdependence with the rough-and-ready surgery of the earliest battle-fields, or you may go back to Adam's lonely longing for a helping hand to trace the beginning of the treatment of families in which there is sickness.

Don't tell me Adam was not sick, unless you've never felt homesickness or seen a man with a broken bone, for you cannot realize what it must have been to have been the only human being on earth getting ready for a surgical operation. Let us ever remember the principles of that first surgical operation, where God himself was the Surgeon. We have only in the last fifty years learned to "cause a deep sleep to fall upon" the patient before operating on him, and may we not learn yet many other sound surgical principles from that noble desire for the good of the race, that out-door peace, cheer, and holiness that in these days of hospitals, disinfectants, and hurry we are apt to lose sight of as necessary curative agencies?

Given man's social instincts and desire for the betterment of his race, we have families soon increasing into tribes, but the individual often asserting himself,—probably an hereditary taint traceable to Adam when he was monarch of all he surveyed.

This self-assertion led to injuries to one another, wars, and the introduction of the litter or stretcher for a wounded favorite. Then came tents and wagons and the reception of the sick into the homes of friendly clans when the spirit and fortunes of war had led them too far afield and rendered them unable to reach their homes. "If the much-loved could be so cared for, why could not all?" asked humanity, and Christianity established its monasteries and Hôtels Dieu, where "brothers" and "sisters" cared for every ill to which human flesh had become heir, even with lazar-houses for leprosy.

* Read before the Summer School in Philanthropy.

Almshouses were originally for priests, whose vows of celibacy rendered them homeless.

Various classifications based on the methods used in so treating humanity were formed, such as bone-setters, herb-women, and witches, with those whose "magic" cured nerves as well as present-day mesmerism.

The monastery Monte Casino in England (possessing relics of St. Matthew) was, I believe, the first to establish a medical school. The brothers of St. John, St. Mary, and Lazarus were then required to study and practise medicine in their respective monasteries. There were schools of nursing in England in the twelfth century, for the nuns "studied surgery for the poor." There were specialists even then, for the Lazarists received and cared for lepers only. With the specialists came big fees, of course, and the poor being unable to pay, the barbers were allowed to bleed them, while the long-robed physicians and the short-robed physicians bled the veins and the purses of the better classes.

Our present-day methods of designating the size of a hospital by the number of beds would not have given a correct idea of the first hospitals, for St. Mary's Hospital had one hundred and eighty great beds in which two, three, and four patients lay side by side. An old engraving of the Hôtel Dieu shows the doctor "surging" on one patient while two nuns are sewing up what look like bolsters, but were probably dead men.

But treatment of diseases, surgical and medical, with rules of diet, etc., belong to medical works, and not to a paper of this kind.

From the first half of the sixteenth century we have been trying to educate all to the hospital idea. Religion taught us Lazarus was our brother. Civic authority taught us to protect the community that Dives might be safe in his luxury. Science taught us to prevent and cure disease. Therefore whether we look at it religiously, selfishly, or scientifically, our ideas and contributions go towards the hospitals as the chief means of the greatest good to the greatest number of sick, and our creed now is that a city without a hospital is like a man without a conscience.

We regard a patient as a source of inconvenience and privation to the family even if not, as in contagious diseases and insanity, a menace to the life of its individual members. This may react upon him, retarding his recovery. Therefore, whether rich or poor, we say that the hospital is the best place for him. If he is financially able, he may pay two hundred and fifty dollars for his room and board per week. To this he may add from fifty to seventy-five dollars per week for special nurses, depending upon how many he can keep busy and how particular he is as to whom he will have to wash his face for him. Last, but not least, will come the fee of the physician or surgeon, which is

always an unknown quantity. If he is too poor to pay a cent for care or shelter, the door of the same hospital (though not the same door) stands ready to receive him, and he has practically the same care, but without the fancy touches. It would almost seem that hospitals had reached perfection in food, shelter, comfort, and sympathetic and scientific care of the sick of all classes. Given an efficient Board of Health and hospitals for every conceivable ill that flesh is heir to, what more can the city ask? Theoretically there seems to be nothing better to do than to richly endow our hospitals and care for all the sick of the country within their walls, but all I can say to you is, try it for yourself, and then I think you will say, as Dr. Crothers did of theological students and of us, "We hope nothing very bad will happen to them, and that they will come out human."

If hospitals are to be maintained, they should not show a deficit of thousands of dollars each year. A unique idea for increasing hospital funds is given by Hake in "Suffering London." He suggests that each host giving a feast to the unappreciative wealthy extend his hospitality to the appreciative poor by sending as many shillings to the hospital as he invited friends to his table. But, like Mr. Johnson's mule, "I don't lost touch with the road," and have planned the care of the sick, instead of the families in which there is sickness, which is another proposition altogether.

In removing the sick one we may have removed the breadwinner and left little children, epileptics or feeble-minded, or aged and infirm persons. Well, we have places for all of them, for this is an institutional age. Put them in their places; it will be best for the individual and for the community. We have heard that old maids' children were the only perfect ones, so let the trained nurses and other women of uncertain age look after all the children and make them theoretically perfect, and though no perfect woman has ever existed, we might then hear of some beside widowers' wives who were nearly so.

At the close of the Hebrew week of the school one of the members had a glorious vision of following little Moses's earliest example to his people, of hiring a child's mother for his nurse in a hospital. I trust we will not have to wander forty years in a wilderness before we see some good come of that suggestion, for it seems to me something like Patsy's orange, "It's been squeeze some, but there's more in it." Are the patients ready, glad, and willing to go to the hospital? No,—a thousand times a day, No! Do they find fault with the hospital? Yes, but Heaven would not please some.

But the main objections come from those who have never been there, but who cannot bear to leave those whom they hold most dear on

earth. Shall we by main force wrench them away, assuring them that brain is superior to heart, that the individual is the unit and not the family, that they must put their feelings aside for the good of the community, when they beg us to let them alone? Or shall we try to care for them in their homes by trying to keep the family intact and tiding them over the sick crisis? Can we by evolution and cultivation of bacilli in the home soil succeed in eliminating their evil propensities and render them useful to mankind? We may have the man of wealth to supply his own means when sick as his taste or fancy dictates, but to the poor the problem of sickness is a desperate proposition and usually renders aid necessary.

Rev. Mr. Erde says medical charity should never pauperize the sick poor. When medical relief is given on easy terms, such relief leads on to habitual pauperism.

In a hospital report of 1831 the inmates were spoken of as "this unoffending, interesting, and numerous class of paupers," and "the mortality among the children of the almshouse was awfully fatal and extensive." Dr. Aschrott says medical relief is most frequently the beginning of pauperism. In spite of the warnings, the unit of the home and family must be treated more vigorously. We are told that the problem of the child is the problem of the race, and "the awfully fatal and extensive" mortality has been reduced one-third by supplying them with fresh, clean milk.

With a good and efficient Health Board, dispensary physicians, both in office and home, and a sufficient corps of trained nurses to visit and teach proper care of the sick in their homes, aided by a squad of visiting cooks and laundresses, we could give adequate relief in homes where there is sickness.

I know the danger of padding the downward course, so that the shock of the first step of degeneracy is not felt and the victim often continues to walk down to the comfortable filth of the New York slums, instead of reaching such heights as the refined and chastened aid of Boston leads to, but I feel that if adequate medical aid were given in the home at the time of illness, it might lead us back to the old patriarchal idea of the responsibility for those of one's household or employ. Do we not with our many institutions (admirable lessons in health, order, and cleanliness as they teach) delegate to the State responsibilities which we should assume, and ease our consciences too easily by a contribution to an institution, instead of, by personal service and shouldering the burden of responsibility, actually feeling a deep sympathy by our own weariness.

There is a wail over the whole land for true mothers from little tots

like Timothy, who run away with tinier tots like baby Lady Gay and go trudging over the country in quest of a mother, rather than go to a home with a big "H," sending up that pathetic appeal to God for "a mother for Lady Gay, and one for me too Lord, if there's enough,—'but not unless.'" That "but not unless" of the generous, manly, little four-year-old ought to touch with its pathos the hardest heart, and make it easy to "unearth a grandfather" for such a little waif, as Dr. Brackett said, and open the doors of a little "h" home and big hearts to him.

If we can carry into the homes the good educational influences of the hospitals, plus this home love and care, I feel that we shall have done a far nobler work than to have removed one to the hospital. The care of the sick should not be added to the already overburdened and over-anxious family without giving the needed assistance, but isn't there some other way than by going to the hospitals, as the majority ask? The hospitals are becoming more scientific and educational yearly and losing in proportion the humanitarian quality which called them into existence. Perhaps 'tis well, and they will teach us how to do without them advantageously by sending us, first, a doctor to prescribe and leave his orders to be carried out by the nurse who should follow him. She, in turn, after caring for the personal needs of the patient, should leave her orders for a visiting cook, who should follow and prepare the food for the sick for the day and give practical hints for the preparation of the food for the family. Then should come a laundress skilled in sterilizing and handling of disinfected garments, bedding, etc., left by the nurse.

So shall the sick one add to the family care no greater burden than they can bear, but leave them time and desire to offer the kindly attentions which the ministering doctor, nurse, cook, and laundress had not time to give, and which come most acceptably from one's own. So shall they be made comfortable and attractive, instead of repulsive and obnoxious to those who loved them, but were too busy, worried, and ignorant to do what was best for them.

It seems to me that the educational influence of such thorough and efficient work in the home could not be other than an elevating influence, and make sickness a means to a mighty good end, for under no other circumstances could you so thoroughly inspect and dictate upon home matters. When these things come to pass the glory of a house will date from some illness that has visited it.

You may think I have played with my subject as a child builds a house of cards and then blows it all down, but we all do it more or less, building up our pretty theories and then tumbling them all down for something more practicable. We must learn to row with the tide before

shaping a course of our own liking, so must we keep in the channel with our sick until a safe way out of it has been provided.

If the landowners, hospitals, and Board of Health would see that the respectable poor were as well housed and cared for as the criminals, there would be less premium offered on vice and crime, and we would attain far happier conditions than we have to-day. With a doctor, nurse, cook, and laundress supplied wherever needed, we ought even, if sick, to be able to join in singing,—

"Praise the Lord, O my soul, and forget not all His benefits;

"Who forgiveth all thy sin, and healeth all thine infirmities;

"Who saveth thy life from destruction and crowneth thee with mercy and loving-kindness."



BOOK REVIEWS



A COMPLETE SYSTEM OF NURSING. Edited by Honnor Morten. Sampson Low, Marston & Co., London.

This is a book arranged on the plan of "A Complete System of Medicine," etc.—that is, the articles dealing with different branches of nursing are written by different people, both nurses and physicians, all of whom are doubtless reliable authorities and among whom we notice some well-known names, including two American nurses. The editor wished that the volume should be small enough for the nurse to carry it, and it is of convenient size, with fairly good type.

The articles cover a great variety of subjects, including massage and electricity, mental nursing, district, private, and infirmary nursing, and sick-room cookery. They are, as a whole, practical and good as reference or aids to memory, while necessarily so condensed as to be rather imperfect as instruction.

Much of the teaching given, also, while compact, is of an extremely elementary order, as if intended for women who needed the very a, b, and c of practical work, and, with the detailed and careful instruction given to-day in most training-schools, seems rather out-of-date,—such, for instance, as the "Hints to Nurses on Urine Testing," on page 81.

The chapters on district and infirmary nursing are interesting and give a good outline of the history of these reform movements, the latter work owing much to Agnes Jones, Miss Louisa Twining, and Miss Wilson. D.

FOR RECREATION READING

THE mass of books which somewhat swamped the fiction market in the early holiday-time gave a promise of good reading which has hardly been fulfilled. How few of these many books are really able to hold one's attention from cover to cover. We look back over the list,—shuddering at the name of the "House with the Green Shutters," smiling a grateful remembrance of "Mrs. Wiggs of the Cabbage Patch," then on and on, a long, long list of unmitigated boredom,—and we sigh for the novels in the days that have been. To pick out one or two that have almost had the power to charm: There is, perhaps first, "The Fortunes of Oliver Horn." Now, with all due respect to Mr. F. Hopkinson Smith, it is a poor sort of a book, and yet it has certain pleasing qualities which go a good way towards redeeming its bad ones. I remember in my nursery days a certain patch-work quilt made by some thrifty individual out of the left-over scraps and patches from the summer wardrobe of a family of little girls, who found unending interest in identifying the morsels of print and calico—waking up early in the morning to search through the intricacies of the "log-cabin" pattern for bits like Susan's pinny or Margaret's frock, as it might happen. So with the "Fortunes of Oliver Horn:" there are endless little rag-tags of interest to New Yorkers that make some of us almost love the book. Who else has put into a novel our George Washington as he sits astride his eternally prancing charger, eternally threatening to ride into Union Square. Or turn the pages: here is John Gilbert

in a cellar at Thirteenth Street and Broadway eating steamed clams with an iron fork out of a washtub! Miss Teetum's boarding-house, which, more's the pity, still exists, has moved from Union Square; moreover, Miss Teetum has multiplied herself by some thousands, and now keeps incognito, so to speak, though you find her out all too soon. For a fact, I feel that she has been mistress of several houses where I have meekly paid my ten dollars per week for the privilege of being most uncomfortable. Then there is the dear, distressing old factor, the mortgage, the Civil War, the Southern family pride, a whole school of N. A.'s in embryo, and, of course, there is love enough for the size of the book—a nice, sensible sort of love, however, that grows fonder on doughnuts, apples, and elderberry pie. The women in the book are like none that have lived in our time, and the men are just a bit off the ordinary as well; but, then, real folks don't always appear in books. On the whole, you may do worse than read "Oliver Horn," and it goes better read aloud.

Quite a different book, yet also to be recommended for reading aloud, is "The House Divided," by H. B. Marriott Watson. The book begins with the landing of a young man from Vermont in England on a day of bitter gray fog, as though his guardian angel would shut away from his eyes till the last inevitable instant the sight of that new land to which he was bringing so much of youth and strength and courage—to spill them all uselessly and with terrible waste. The story tells in the most delicate and careful way how our young Vermonter ran the gauntlet of that dissolute life in the time of George II.,—time of wanton young women and wicked old women, of drunken, roistering men; how one woman came near to ruining his life, and another saved him; how through all the passion of his love-affairs he never turns aside from the purpose for which he crossed the seas—to take from a usurper, as he believes, his own inherited rights. There is all through the book the clang of swords, the taking of life for a careless word, and before the good ship *White Rose* of Boston has started on her return trip the tragic—fearfully tragic—end comes. One can't complain of lacking interest in this book, and the plot, though very simple, is well carried—it is a very well made piece of fiction and, moreover, it gives one a feeling of devout gratitude that *those* days are gone.

M. E. C.



THE CARE OF THE INSANE.—Dr. Charles G. Wagner, of Binghamton, read this paper at the annual meeting of the Medical Society of the State of New York. He compared the old régime with the modern one, and showed the beneficial results of the earnest and persistent preaching of the gospel of non-restraint. The hospital for the insane of to-day instead of being like a prison was more like a thriving town. The fundamental principle of the new treatment was the greatest personal liberty consistent with safety. Occupation was the keynote of the care and treatment after the acute stage had once passed, and by such means the germ of hope was implanted where before was nought but despair. The acute cases should be carefully examined, the causes of the mental disturbance ascertained and noted, and then rest and quiet enjoined together with the most nourishing diet. A skilful and tactful nurse could often persuade those patients to take the requisite amount of nourishment. It would often be found that ten or twelve eggs a day would prove a useful addition to the diet.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE TREATMENT OF RINGWORM.—Surgeon-Major R. E. Wrafter, Bengal Medical Service (retired), says in the *Indian Medical Record* that in a case of suspected ringworm of the head the affected parts should be well washed daily with soft soap and tepid water until it can be decided if the disease is really ringworm. Then all hair in the vicinity should be either clipped close to the scalp or thoroughly shaved, after which the great object is the removal of the diseased hair, which should be carefully depilated with a pair of broad-nibbed forceps. Unless this is done very gently the fragile hair will break and the roots remain. Subsequently every particle of scurfiness should be washed away with carbolic soap and warm water, and an ointment consisting of carbolic acid, citrine ointment, sulphur ointment, equal parts, mixed, may be freely applied night and morning with excellent results.

It causes no pain; for children under ten years of age, double the quantity of sulphur ointment. Some practitioners employ chrysophanic acid ointment (1 in 10) rubbed into the affected parts twice a day, or paint the patches with strong acetic acid about every third or fourth day, and apply diluted citrine ointment in the intervals.

In all cases the local treatment must be conjoined with constitutional remedies, since the spores of these parasitic plants find their most congenial nidus in weakly children. The child should be taken away from its books, allowed to be much in the open air, fed well upon plain, nourishing food, warmly clothed, and be strengthened by tonics, such as iron, quinine, and cod-liver oil.

TONSILLITIS AN INFECTIOUS DISEASE.—Walter Sands Mills declares in the *Medical News* that all catarrhal diseases of the nose and throat are more or less contagious. He defines an infectious disease as one that can be transmitted from person to person; one in which, in many cases, there is a definite history of exposure, followed by a period of incubation before the onset of symptoms in the new patient; or a disease one or more stages of which may be contagious, and set up a similar train of symptoms in a previously well person. The writer says that his reason for classifying tonsillitis as an infectious disease is based solely on its clinical history. There is no known specific bacillus for tonsillitis. He then reports a series of cases which will show the contagiousness of the disease. One attack predisposes to another. It is often found associated with many of the other infectious diseases. Mills suggests that it be called an acute infectious disease with local manifestations. Every patient with this disease should be isolated at once, put to bed, and placed on a liquid diet. For local treatment a gargle of cheap claret wine is used every two or three hours. At the very onset aconite in small doses, often repeated, is frequently of service, but not in the follicular stage. If there is intense congestion of the throat and high fever,

a one per cent. solution of belladonna is the best remedy. In follicular tonsillitis the best remedy is phytolacca. The writer uses drop doses and one per cent. solution every one or two hours. Its action is almost specific. If suppuration has already begun when the case applies for treatment, sulphide of calcium in 1 in 100 grain doses is the best remedy for clearing it up. The writer, in his experience, has never had a case go on to suppuration.

VERATRUM VIRIDE AS AN ANTITOXIC.—In an article in the *Medical News* Dr. A. B. Isham says he believes veratrum viride to be an antidote to many poisons. He is in the habit of giving from fifteen to thirty drops of Norwood's tincture by hypodermic injection, and considers that, so given, the drug is practically free from danger. Such injections will usually produce very copious perspiration and salivation, retching, and vomiting of bile and mucus. In addition to this, high temperature and pain, if present, will disappear. Nine cases are reported to show the antitoxic virtues claimed for the drug. The first case is one of eclampsia. The woman got thirty-five drops of veratrum viride in the course of one hour: the convulsions soon ceased and a normal labor was followed by a normal puerperium. The second case reported is one of "pneumococcus infection," in which twenty-five drops of the tincture did away with the infection in about three hours. The fourth case is one of carbolic acid poisoning. This patient got twenty drops of Norwood's tincture, but there being no response to the drug in half an hour, fifteen more drops were given. Some hours later it was shown that the patient had probably swallowed about two ounces of pure carbolic acid. "During the time she was under the influence of the poison the veratrum viride procured the evacuation of more than two quarts of bile and mucus. Without its aid there would unquestionably have been a fatal result." These are the three most brilliant cases. The remainder of the paper is devoted to a discussion of the cases and to an exposition of the physiological action of veratrum viride.

GRAPE-JUICE AND THE TYPHOID BACILLUS.—In a recent weekly report of the Chicago Board of Health it is stated that a study of the action of fruit juices upon the typhoid bacillus has brought out the interesting fact that while lime-juice, apple-juice, and the juice of the grape-fruit all had a more or less inhibiting effect on the growth or vitality of these bacilli, bottled grape-juice gave the most conclusive results. Cultures of the typhoid and the colon bacilli were used to infect both distilled water and water from the laboratory tap in a strength of about ten million bacilli to a cubic centimetre. Bottled grape-juice was then added in proportions varying from one to five per cent. Examinations made at one-minute intervals showed that some brands had killed the germs at the end of the first minute, the effect being almost instantaneous. The advantage of bottled grape-juice, it is said, is that the quantity required—one per cent.—does not affect the flavor of the water or disturb digestion, as lemon-juice does with some individuals. The freshly extracted juice of the grape prepared in the laboratory had no effect on the bacilli, even in a proportion as high as one hundred per cent.

SCARLET FEVER.—Sutherland, in the London *Lancet*, questions the possibility of conveyance of scarlet fever by individuals passing from the sick to the well. He has been looking for such a case for several years, but without success.

He has had in special investigation, which he here reports, eighty-two different subjects concerned. In thirty-four households a very well-intentioned attempt at isolation was begun and maintained for periods ranging between twenty-one and forty-three days, but in each case was ultimately a failure, and the well children came in contact with the patient, with the result of spreading the disease. In forty-eight cases the sick children were isolated absolutely from the other children in the family, though the different mothers had to pass constantly from one to the other, doing the housework as well as attending the sick. In none of these cases was there any extension of the disease from the sick to the well.

FORMALIN.—The *Journal of the American Medical Association*, quoting from the *Hot Springs Medical Journal*, says: "Jelks speaks very highly of the use of formalin in various conditions. He does not think it more irritating than other agents that are employed. He finds it of special value in suppurations, ulcers, gonorrhea and infected wounds, in postpartum infections, and certain skin diseases, such as tinea, etc. He thinks that a stronger solution should not be used in clean, open wounds or in skin granulations. Its use on the skin at the point of proposed incision is good practice and insures sterilization. In rectal surgery there is no other antiseptic so reliable. He has not had with it nearly so large a percentage of fistulæ from perirectal abscess as the statistics of authorities give, and believes if the case is operated on and dressed each day after formalin irrigation fistulæ will hardly occur. In chronic dysentery he uses hot formalin solution to cleanse the mucous surfaces with good results."

NEURASTHENIA IN CHILDREN.—Dr. J. Madison Taylor, in the *International Medical Magazine*, thinks neurasthenia in children is not rare, as shown by lack of energy and of interest in the ordinary pursuits of childhood, and is likely to be confused with the effects of bad habits, hysteria, and mendacity. The physician should always keep the psychic factor in view. Eye-strain is especially noted as a cause and should be looked for. Cardiac neuroses are common in children. The heart, lungs, blood, and kidneys should be attended to. The child should have plenty of air, which is one of the best tonics. All outings and exercise should be supplemented by rest, and the whole daily life of the child should be looked after. Proper food of a sufficient variety, bathing, sponge-baths in warm room before breakfast, sometimes rest in bed for a few days to a week, and following a strict schedule of feeding may be beneficial.

WEAK INFANTS.—The *Philadelphia Medical Journal*, quoting from a French source, says: "Formerly most weak infants, weak at birth, died. Now when an infant has a subnormal temperature it is given a bath at one degree above its temperature. This is repeated, the temperature rising after each bath, always given at one degree above the baby's temperature. Then the infant will take more nourishment and grow. Incubators may also be of use. The lower the temperature and body-weight, the higher is the mortality. Infections occur easily. Budin had but fifty-nine deaths among five hundred and seventy-nine such infants. With careful attention, many weak infants will grow up into well, strong men."

HOSPITAL AND TRAINING-SCHOOL ITEMS



TRAINING-SCHOOL NOTES

THE series of talks to the graduating class of the Johns Hopkins Hospital Training-School upon public and private charities and social topics has included the following: "The Purpose of Organized Charities," Mr. Walter Ufford, general secretary of the Charity Organization Society; "Personal Work in Needy Homes," Mrs. John M. Glenn; "Wage-Earning Children," Mrs. Florence Kelly, secretary of the National Consumers' League; "The Rescue of Children from Unfavorable Environment," Miss Anna Rutherford, secretary of the Henry Watson Children's Aid Society. Talks about "Settlement Work" and "District Nursing" are to follow. In April it is expected that an illustrated lecture will be given by Dr. Wilfred Grenfell, superintendent of the Royal National Mission to Deep-Sea Fishermen, upon "Hospitals and Nursing among the Fishermen of the Newfoundland and Labrador Coasts."

DR. EMMA O. CLEAVER, a member of the first class graduated from the Johns Hopkins Training-School, is now on her way to the missionary field in China. She goes there as physician and surgeon to the Margaret Williamson Hospital, West Gate, Shanghai, China, under the auspices of the Woman's Union Missionary Society of New York. Her work will be wholly among women and children, and by the terms of her contract she must remain there for the coming seven years. Those who know Miss Cleaver will feel that she is entering upon a phase of her calling for which she is admirably adapted and to which she will bring great zeal and enthusiasm.

MRS. E. M. SIMPSON, assistant superintendent of nurses in the Johns Hopkins Hospital for the past three years, and connected with it in various other capacities since graduating in 1897, has been appointed superintendent of nurses of the Massachusetts Homœopathic Hospital in Boston, entering upon her duties there March 1. Miss Grace Rising, Class of 1902, goes to assist Mrs. Simpson as head nurse of the medical wards.

ST. JOSEPH'S HOME AND HOSPITAL, of Stockton, Cal., has recently organized a training-school with a class of ten pupils. The course is to be three years. The hospital is in charge of the Dominican sisters, and two sisters of the order are pupils in the school. Miss Mary Kelly is the superintendent of the training-school, and is a graduate of the City and County Hospital of San Francisco.

MISS GENEVIEVE WILSON has recently been appointed Sanitary Inspector at Orange, N. J. Miss Wilson is a graduate of St. Luke's Hospital Training-School of Denver, Col. As an army nurse Miss Wilson saw service at Chickamauga, Manila, Japan, and on the Pacific coast.

MISS MARIA DANIELS, graduate of Johns Hopkins Hospital, has been appointed superintendent of nurses at the New York Infirmary for Women and Children. Miss McKechnie is now superintendent of the infirmary only.

MISS IRENE SUTLIFFE, whose long-continued illness has been so deeply regretted by her friends and pupils, is at her sister's home at 63 Morningside Avenue, New York, and shows much improvement.

MISS EUGÉNIE HIBBARD is resting and recuperating at her home in Montreal. After her long sojourn in Cuba she feels the effect of the climate. Her address is 4031 Dorchester Avenue.

MISS A. G. ODELL has resigned the position as superintendent of the Columbia University Hospital of Washington, D. C.

MISS ISABEL STOCK, a graduate of the Toronto General Hospital, has resigned her position in the Parry Sound Hospital.



AND WHO IS MY NEIGHBOR?—In one of the reports of the Visiting Nurses' Association of Chicago—it is an old story now, but one worth the re-telling—was printed a toast, "The Visiting Nurse"—a toast said to have been given before a banquet of the Chicago Medical Society by Dr. E. C. Dudley. It is after the Biblical story of the Good Samaritan, and is in these words:

"And who is my neighbor? And it came to pass that a mother went down from the Second to the Nineteenth Ward and fell among microbes, and the microbes increased and multiplied, and behold they attacked the baby, and the child was stripped of its nutrition, and was left half dead. And a certain physician passed that way on the same side and wrote a prescription, and in like manner a benevolent countess was good to the child, but, behold, not good with it, and left money and soon passed to the other side and gave a vaudeville performance on the Lake Shore Drive for the benefit of the South Sea Islanders.

"But a certain visiting nurse, as she journeyed, came to where the child was; and behold, was not only good to the child, but good with it; and she poured soap and water over the child and put it on a bed, and the bed was clean and warm and dry; and the primary nutrition of the child waxed and grew and the secondary nutrition did likewise, and there was no more retrograde metamorphosis of tissue, and as the visiting nurse departed the mother of the child opened her mouth and spake in broken English, 'Heaven bless you, miss, a thousand times; if you not come, I not have my baby.'

"Child of all weather, of all seasons, of sunshine and storm, familiar friend of hardship and content—the Visiting Nurse."

THE RÖNTGEN RAYS.—Dr. Childs says in the *Medical News* that there is no pain in the use of the X-rays, and that the patient arises from the application unaware for the time that any action has been wrought. He reports six cases of epithelioma, one of carcinoma, three of lupus erythematosus, one of chronic eczema, one of tubercular glands, one of tuberculosis pulmonalis, and one of Hodgkin's disease treated by this method with favorable results.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



SYMPOSIUM

HOW EFFECTIVE IS THE GUILD OF ST. BARNABAS? HOW CAN ITS PURPOSE BE MADE MORE SO? *

I AM asked my impressions of best means for increasing the effectiveness of "St. Barnabas Guild for Nurses," and reply as follows:

The membership of the guild is fourfold: First, members, nurses graduated or in training; second, associates, churchwomen interested in nursing and having leisure and opportunity for advancing the guild's interest; third, medical associates, physicians who are in sympathy with the objects of the guild, and, fourth, priests associate, priests approving the objects of the guild and promising their coöperation in carrying them into effect. Nurses in training-schools of good reputation are taught at the operating-table and in the wards the knowledge and application of surgery and medicine, and all things pertaining to the same. With its course finished and diploma conferred, the training-school "duty" is completed, with, doubtless, kind and helpful feelings remaining towards the late pupils, and the nurse is ready for her struggle with the world, which she enters usually away from home ties and largely in crowded cities, to meet single-handed the cares, temptations, and responsibilities of life.

Just here "St. Barnabas Guild for Nurses" extends the welcome and kindly hand, giving friendly greeting and attempting help by enlarging acquaintance with other nurses from various training-schools, by certifying their personal character (after due inquiry and approval by a committee), and by sealing such character by bestowing the badge of membership at the Holy Altar—thus, wearing the pin of her training-school and the badge of St. Barnabas Guild, she exhibits the visible proof of her professional and moral character.

The associate, interested in the "woman" represented by each nurse, extends many social, refining, and home kindnesses, and upon her, in a great measure, depend the broadening and enduring conditions of the guild.

The medical associates will more freely seek acquaintance with nurses who come both professionally and morally certified, while the priests associate, having remembrance of the high responsibilities ever resting upon the nurse, will more readily offer advice and assistance in matters pertaining to the individual personal life.

If I am right, "the effectiveness of the guild" will be increased more by the personal activities in their several lines of life of the four classes of membership than in any other way, and by constantly keeping in remembrance the objects and conditions of the guild and bringing it to the notice of their friends and acquaintances.

ANNA WELLS LEE,

Secretary and Associate Member of Trinity Branch, Chicago.

* Read at the Annual Council.

NEW YORK BRANCH.—We had a most interesting meeting on January 12, Bishop Whitehead being present and preaching on the appropriate text, "He went about healing pain." Two associates and four members were received, and after a short quarterly business meeting we were entertained by Dr. and Mrs. Parker Morgan at the rectory, where we had a chance to talk with the bishop and enjoy coffee and sandwiches, ice-cream and cake. We were pleased to have with us one of our medical associates and a priest associate, the Rev. Arthur Judge. The expense of the first issue of the *News Letter* was assumed by Dr. Morgan for the New York Branch, and we welcome the little sheet again with pleasure.

Our one thought at present is to place the Housatonic Home on a firm footing, raising at least a part of the mortgage, and to this end we have sent to our members and associates a small folded book, called the "Cheerful Giver's Album," to fill with dimes; one can ask one's friends for such a small amount. We hope to have our next service at the Church of the Ascension.

One of our members, Miss Helena Taylor, has been appointed one of the inspectors of immigrants on incoming steamers, a government position under the Immigration Bureau. The inspection takes place on the steamer between quarantine, where they board the vessels, and the landing at Ellis Island.

PHILADELPHIA BRANCH of the Guild of St. Barnabas held its festival meeting on the evening of January 15 in the Parish-House of St. Mark's Church, Sixteenth and Locust Streets. A goodly number of members and associates had assembled at the opening hour, eight o'clock, the chaplain, Rev. G. W. Hodge, presiding and conducting the service. Several new members were admitted. At the business meeting which followed the question, "What definite work can the guild do?" was discussed at some length. A preparatory school for women who expect to take up nursing was thought by some to be much needed, but was considered to be too great an undertaking. There has been some practical work done this winter in a small way. The guild now has a committee of five members whose duty it is to visit the sick—not only sick members, but any other cases that may be reported.

Another work that is being tried is making daily visits to the sick among those not able to employ a nurse regularly. One member has been quite active in this work, and we hope soon to have many others. At the close of the business meeting all went to an adjoining room for a social hour. Here we were entertained delightfully by friends from the Mask-and-Wig Club with instrumental music, songs, and recitations. After refreshments were served the meeting adjourned to reconvene at the call of our secretary, Mrs. M. W. Brinkerhoff.

PHILADELPHIA members of the Guild of St. Barnabas gave a series of afternoon teas during the winter at the homes of members and associates. The first one was given by our secretary, Mrs. M. W. Brinkerhoff, 1710 Pine Street, Thursday afternoon, February 5, from three to five. There was quite a number present during the afternoon, and all enjoyed the hour, which was made so pleasant by our hostess.

PROVIDENCE.—The regular monthly meeting of the Providence Branch of the Guild of St. Barnabas was held on the first Thursday in February. One new member was received. The chaplain, Rev. Simon Blinn Blunt, gave an in-

struction upon lines of thought suggested by the "Members' Rule of Life" in relation to others. Two applications for membership were read at the business meeting and acted upon. It was agreed that during Lent the guild should hold weekly meetings to make garments for the use of the District Nursing Association in Providence.

A cup of tea and light refreshments were served by associates, and the social hour seemed to be enjoyed by all present.

At the meeting of the Guild of St. Barnabas in Newport, R. I., held on December 11 at Emmanuel Church, the Rev. Ralph Pomeroy, assistant rector of that church, was received as a member of the guild. After the usual service and business meeting refreshments were served in the guild room and a social hour was enjoyed. The next meeting was held on the afternoon of January 11 at St. George's Church, and an address was made by the Rev. Mr. Pomeroy. The guild then adjourned to the home of Mrs. Remington Ward, who entertained the members with music and tea. On February 12 the guild met at Kay Chapel, the meeting being in charge of the chaplain, Rev. Henry M. Stone, and was followed by games and refreshments prepared by the Entertainment Committee.

ORANGE, N. J.—The monthly meeting was held at the Training-School of the Memorial Hospital at eight P.M., the only time this year that we have met there. It has been found easier for nurses on duty to attend afternoon services rather than in the evening. The chaplain gave a most excellent address on the observance of Lent, which we regretted could not have been heard by every member of the guild. Taking as his text, "Could ye not watch with me one hour?" he showed us how easily it lay in the power of us all to do that one simple thing, not so much to strive after some great achievement either in self-denial or abstinence, but quietly to bear in mind, during these forty days, the Sorrows of the Passion, as one would share the griefs of those near and dear to us. The business meeting brought out the announcement that the emergency bag and other useful articles, made some time ago, had at last reached their destination—the Oneida Hospital—through the Rev. Mr. Merrill, and are now in the hands of Miss Cornelius for her work among the Indians. We were pleased to hear of the branch now working with much energy at Atlantic City. Nurses travelling there, with or without patients, are exhorted to make themselves known to the chaplain. We hope soon to read some "notes" from thence, by which we may learn of their ways and means.

We take pleasure in announcing the marriage at St. Augustine, Fla., of Miss Winifred M. Fehon to Claude Stratton. They will make their home at Sullivan, Ind.

Miss Corinne Hayward has been ordered South to recuperate from her recent attack of pneumonia.

Miss M. A. Harrison has returned from the Philippines, where she has spent the last two years, partly in the army and later in a hospital.

Miss T. Evans has resumed private nursing after an absence of a year.

Miss M. Hunt is recovering from a siege of rheumatic fever.

The sewing-meeting was held at 1 Evergreen Place, and much good work was done for the nurses' room at the settlement.

PRACTICAL HINTS



HALF a day spent last week in the out-door department of the Presbyterian Hospital watching the methods of treating the dispensary patients gave various little points which may be useful for the note-book of the district nurse, and are given just as I jotted them down.

Strips of sterilized rubber tissue are used with success for drainage instead of gauze. They have the advantage of causing less pain when inserted and are more easily removed.

Red Wash, *e.g.*, zinc sulphate, one dram; compound tincture of lavender, four ounces; water, one pint, is used with success for packing the cavities of abscesses after evacuation.

Burns or scalds are treated with wet dressings of soda-bicarbonate for twenty-four hours; afterwards with boracic ointment.

Creolin, half of one per cent., is used for wet dressings on wounds where there is much suppuration.

For wet dressings in cellulitis aluminum acetate is used, *e.g.*, alum, one part; acetate of lead, five parts; water, ten parts. This is largely used instead of bichloride or carbolic.

For ulcers the Unger's paste is painted directly upon the wound, which is first cleaned up with alcohol and dusted with calomel powder. This Unger's paste is the same as that described in a late number of the *JOURNAL* as taught by a district nurse from England and used by us over a sterilized bandage. Lasar's paste is also much used in ulcers. It consists of salicylic acid powder, ten grains; starch and zinc oxide, two drams of each; add petrolatum sufficient to make one ounce.

They find spirits of turpentine beneficial in cleaning up surfaces around old ulcers of the leg, and tincture of iodine painted upon the ulcer produces good results.

H. VAN CLEFT.

TAKING CASTOR-OIL.—The *Medical News* advises as a simple method of taking castor-oil without producing any nauseating effects to instruct the patient to wash out the mouth with water as hot as can be borne, and then swallow the oil, and follow this by rinsing out the mouth well with hot water. The first swallow of the water cleanses the mouth and makes the membranes hot, so that the oil does not stick and consequently slips down easily.

A METHOD OF RESUSCITATION OF THE APPARENTLY DEAD.—Dr. George W. Crile reports in the *Cleveland Medical Journal* that by the combined use of intravenous infusions of adrenalin, artificial respiration, and rhythmic pressure upon the thorax over the heart animals apparently dead as long as fifteen minutes were restored to life. Animals which had been decapitated, Dr. Crile says, were made to live ten and one-half hours.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

REPORT ON THE NEW YORK BILL

WHILE the matter is fresh in mind the Legislative Committee of the New York State Nurses' Association submits an informal report of the proceedings at Albany, that as a matter of history the experiences of the nurses of New York, which have been similar to those in the other States, may be recorded. The committee feels that the character of the opposition and the strength of the support should be known by the women who have such work before them, and also for the future intelligent action of the New York members.

THE SENATE HEARING.

The bill as printed in the JOURNAL, with some slight modifications, was presented in the Senate by Senator W. W. Armstrong on March 23, and in the Assembly by Mr. Martin Davis a few days later.

The hearing before the Judiciary Committee of the Senate was fixed for March 11. On the previous evening a delegation of physicians, hospital managers, and nurses met at the Hotel Ten Eyck in Albany for a final conference, when facts came to light showing that the only opposition to be feared was concentrated in Albany, where three medical men, who claimed to represent a large number of nurses, were opposed to the bill. A bill had been drawn by these gentlemen making provision for untrained nurses who had had three-years' hospital experience, and the New York State Nurses' Association was to be recognized by one representative only on the Examining Board, this board to be composed of one physician from each medical society—allopathic, homœopathic, and eclectic—with three nurses chosen at large, either trained or untrained.

As this bill was never introduced, we are safe to infer that it was in the nature of a bluff; but, of course, it had to be considered, and the conclusion reached was to make the concessions demanded in the interest of reputable untrained nurses who could show three years of actual work, but to stand out if possible for the original provision—viz., a Board of Examiners consisting of nurses nominated from the State Association.

Prominent physicians all over the State of both schools condemned the idea of introducing the three schools of medicine into nursing, and as there are three medical men in the Regents' Board, both physicians and nurses felt

that medical and nursing interests would be adequately safeguarded by them. As schools of medicine are not recognized by nurses, and as nurses work equally for either school, such a plan as proposed seemed to promise only the greatest confusion. Moreover, every profession in the State nominates to the Regents the names of its members from whom an Examining Board is selected, and the nurses, advised by scores of the most liberal-minded medical men, felt that to discriminate against the Nurses' Association would be a great act of injustice.

THE OPPOSITION.

When the members and their supporters assembled in the Senate Chamber, where the hearing was held, they found only two people to speak in opposition, with Miss McDonnell, of the Albany Hospital, and three nurses giving the support of their presence. The speakers were Dr. A. G. Root, a member of the staff of the Albany Hospital, and Dr. C. C. Fredericks, of Buffalo.

THE MEDICAL SUPPORT.

At the January meeting of the Medical Society of the State of New York, one of the largest and most influential medical organizations in the country, the president, Dr. Hopkins, of Buffalo, in his annual address recommended the consideration of the subject of State registration for nurses with reference to the request for support which had been sent to the society by the New York State Nurses' Association.

The committee who considered the recommendations of the president, of which Dr. William S. Ely, of Rochester, was one, spoke strongly in support of the nurses' bill, and a resolution was adopted instructing the Legislative Committee to give to the Nurses' Association all possible assistance in securing the desired legislation. This committee was composed of Dr. Frank Van Fleet, of New York City, chairman; Dr. A. G. Root, of Albany, and Dr. Wende, of Buffalo.

SPEAKERS IN SUPPORT OF THE BILL.

The speakers in support of the measure were, in the order mentioned, Miss Sophia F. Palmer, representing the Nurses' Association; Dr. Frank Van Fleet, representing the Medical Society of the State of New York; Mrs. Cadwalader-Jones, representing the managers of the training-schools of New York City and Bellevue Hospitals; Dr. W. L. Hartman, of Syracuse, and Mrs. W. A. Montgomery, of the Homœopathic Hospital Board, Rochester.

THE OPPOSITION.

Dr. Root introduced himself as representing the Medical Society of the State of New York. He said he was not against the bill, but was opposed to some provisions of it. He objected to the matter being in the hands of the New York State Nurses' Association, to the exclusion of a large number of nurses who were not graduates from training-schools, but who were practising nursing in the State and were equally well qualified for their work. He stated that it was not always in a training-school that nurses learned nursing, and he objected to the giving of a title, "R. N.," as discriminating against this class of nurses. He also objected to the bill as not showing sufficient recognition of doctors.

Dr. Fredericks stated that he came from Buffalo and that he represented in a measure "The Nurses' Hospital Association" and also the Academy of Medicine of that city. Dr. Fredericks was opposed to the New York State Nurses' Asso-

ciation. He stated that there were fifteen thousand trained nurses in New York State not represented in that association. He thought the Examining Board should be composed largely of doctors representing the three schools of medicine, and he made a strong plea for the untrained nurses. He also objected to the examinations being "discretionary" with the Regents.

THE SUPPORT.

Miss Palmer presented a written argument in support of the bill, stating that the United States census of 1900 showed New York State to have twenty-five hundred *trained* nurses and *fifteen thousand* untrained nurses; that the New York State Nurses' Association had an actual membership of five hundred and eighty members, with a waiting-list of eligible applicants of six hundred and eighty nurses, one-half the trained nurses in the State; that the bill was not prohibitory, but intended only to create a means of distinction between the really educated nurse and the untrained nurse; that all of the professions and trades that were registered in the State were allowed to nominate the members to form the Examining Boards, and that discrimination against nurses was unjust.

Dr. Van Fleet's remarks are covered in the hearing before the Assembly committee a week later, given below.

MRS. CADWALADER JONES.—Mrs. Jones said she was one of a number of women in New York who first started training-schools in this country, and that she had been in touch with trained nurses ever since. Speaking from the standpoint of the public, she said, "When we send for a trained nurse, and pay her liberally, we have a right to have the very best, and that the nurse shall be as good an article in her way as the doctor." She said doctors did not start training-schools, that they were started by women; that while doctors had helped, the present standards were due quite as much to the superintendents of the training-schools, who were nurses. She could see no need of doctors on the Board of Examiners; what was wanted was to get the best quality of nurse, and of that nurses were the best judges.

DR. W. L. HARTMAN, Syracuse.—Dr. Hartman spoke forcibly in favor of the Nurses' Association, saying the other professions did not interfere with one another in matters of legislation, and doctors should not dictate to the Nurses' Association. He spoke of the injustice of the present condition of things, when the discharged pupil received equal recognition with the woman who had served a three-years' course. He stated that there were five hospitals in Syracuse, and that every one of them was heartily in favor of the bill as introduced by Senator Armstrong.

Dr. Hartman asked Dr. Fredericks if he were not the proprietor of a private hospital training-school.

Dr. Fredericks replied that he was, and that if the bill became a law he should either raise his standard to meet the requirements of the Regents or close his school. This statement was received with laughter and a round of applause.

MRS. W. A. MONTGOMERY.—Mrs. Montgomery spoke of the representative character of the New York State Nurses' Association, of its rapid growth, and of the unselfish work being done by the members who were advocating this measure. She spoke of the increasing numbers of impostors in nursing, and she showed a number of catalogues of correspondence schools and schools "where nurses could be taught for fifty dollars all there was to know about nursing without being in a hospital." She spoke of the injustice of forcing a mixed

Board of Examiners upon nurses when every profession or trade was permitted to nominate its own.

Senator Grady, of New York, objected to the recognition of the State Association of Nurses, but would approve of a board of nurses if nominated by the Regents without reference to the State society, which he compared to a "close corporation."

THE JUDICIARY COMMITTEE.

On the following morning it was found that the members of the Judiciary Committee were not unanimous, differing on some minor points, and the forenoon was spent by the members who had remained over in interviewing these gentlemen, getting their point of view, and explaining more fully than had been possible in the official hearing—which only lasted three-quarters of an hour—the purport of the bill.

The nurses were treated with the greatest courtesy by this committee, and much interest was shown in the measure.

IN THE ASSEMBLY COMMITTEE ON PUBLIC HEALTH.

There were three bills on registration to be considered at the hearing before the Public Health Committee of the Assembly. This hearing, which had first been set for the tenth of the month—the day before the Senate hearing—had been postponed at the eleventh hour until March 18. This change of date necessitated a second trip to Albany, but upon this occasion the delegation was larger than at the first.

In place of the "Nye" bill, the chairman, Mr. Olin Nye, proposed to substitute a set of amendments to be considered with the *Davis* bill (the Nurses' Association bill). Mr. Davis and Mr. Andrews, the legal adviser of the nurses, objected, and there was a few minutes of legal sparring that resulted in the *Davis* bill alone being taken up for consideration in its unamended form.

SPEAKERS FOR THE OPPOSITION.

There were a larger number of nurses present at this hearing, mostly from Albany, and as the committee-room was overcrowded it was impossible to judge which side they all represented. Those who were members of the State Association who were recognized as being with the opposition were Miss McDonnell, of the Albany Hospital, Miss Enright and Miss Davids, of New York, and Miss Nye, of Buffalo.

Dr. A. G. Root, the first speaker, was much milder in his remarks than at the previous hearing, saying nothing in behalf of the untrained nurses, but dwelling exclusively upon the question of medical examiners, the gist of which was that doctors had the most to do with nurses, and were the best judges of their qualifications. When questioned, he declined to express a preference between two or three doctors on the board.

DR. W. G. MACDONALD, of Albany.—Dr. MacDonald was really the leader of the opposition. He stated that he was not in opposition to the bill; that the time was ripe for such a measure; that he was willing the majority of the board should be nurses, but he advocated the three medical men, representing the different schools of medicine. He was opposed to the New York State Nurses' Association as not being representative.

Dr. A. Macfarlane, of Albany, endorsed the remarks of the previous speakers, but said nurses would find out that it would be a pretty bad thing for them if they attempted to go against the wishes of the doctors.

Dr. Fredericks, of Buffalo, spoke practically on the same lines as at the hearing the week before.

Colonel Welsh spoke in behalf of the Jackson Sanitarium. That institution was not against the bill, but wanted the word "Sanitarium" inserted, that such institutions conforming to the standards need not be discriminated against.

IN SUPPORT OF THE BILL.

The Rev. Thomas A. Hendricks, of Rochester, was the first speaker. Father Hendricks spoke in behalf of the public and as an individual, not as a Regent. He advocated the bill. He thought it a matter of plain justice that the New York State Nurses' Association should nominate the examiners, that being in line with the other professions related in any way with medicine. He spoke strongly of the representative character of the members of the Nurses' Association, and of the need of the proposed legislation for the protection of the people.

Dr. Frank Van Fleet, representing the Medical Society of the State of New York, spoke of the resolution passed by the Medical Society in approval of the measure and of his instruction to support the nurses' bill. He spoke eloquently and at length, condemning the idea of the three schools of medicine being represented in the board, saying it was only justice that the nurses should be permitted to manage their own affairs, that doctors had much to do with the examination of nurses during their hospital training, and that it seemed like "cramming the doctors down their necks" that they should be compelled to have them on the Board of Examiners when they got outside. He explained that the three medical men who were now represented on the Board of Regents were all that were necessary to look after the interests of the medical profession and see that the examinations were conducted properly.

He said that if the Nurses' Association did not represent the nurses, it was not the fault of the association, but the fault of the nurses who were not members, and he explained that the Medical Society that he represented, with its six thousand members, included only one-half of the physicians who should be members, and that the Nurses' Association has now a proportionate membership.

Mrs. Judge Scott, of New York, represented the managers of Bellevue Hospital. She emphasized the representative character of the delegation of nurses present, saying they not only spoke for the nurses, but the fact that they were present showed the approval of the managers and medical staff of the hospitals of which they were officers. She endorsed the bill in all of its provisions.

DR. WILLIAM S. ELY, of Rochester.—Dr. Ely called attention to the fact that the opposition came only from two sections of the State, Albany and Buffalo; that Greater New York had not raised a voice in opposition to the bill, but, on the contrary, that city was solidly in favor of the measure. He disapproved of medical examiners, he condemned the idea of three schools of medicine in nursing, and he spoke in the highest terms of the intelligence, cultivation, and integrity of the women at the head of the training-schools of the State, saying that the most cultured women were more and more entering the nursing profession. He strongly endorsed the New York State Nurses' Association, and believed that it was the proper body to nominate examiners to the Regents.

Dr. Hartman, of Syracuse, supported the bill. He condemned the idea of three schools of medicine or doctors on the Examining Board; said he was a homœopathist, but that he found no trouble in employing nurses of the allopathic school. He mentioned the fact that the only leading text-books on nursing were

written by nurses, and he thought if nurses could write books from which doctors learned much they were capable of conducting examinations.

Miss Dock showed the numerical and geographical strength of the Nurses' Association.

Miss S. F. Palmer called attention to the fact that the bill was not prohibitory, but was intended to provide a means of distinction between the trained and the untrained nurses of the State.

Dr. Edward W. Mulligan, of Rochester, spoke briefly in support of the unamended bill and the Nurses' Association, and opposed the three schools of medicine being represented on the Examining Board.

Dr. N. M. Collins, of Rochester, was present in the interests of the bill, but did not speak.

FINAL AMENDMENTS.

On the evening following the final hearing the Legislative Committee, with the advice of a number of members, Dr. Van Fleet, and Mr. Andrews, the legal adviser, taking into consideration the objections that had been raised in different quarters, amended the bill, making a broader provision for untrained nurses now in the field, but leaving the clause unchanged providing for a Board of Examiners to be nominated from the Nurses' Association. Duplicate copies were typewritten and sent to Senator Armstrong and Assemblyman Davis, with the statement that the nurses considered that further concessions would defeat the object of the bill.

In a few hours the Senate committee reported the bill favorably without changes, and later in the day it was reported by the Assembly committee as a substitute for the "Nye" bill, but with amendments.

This substitute, while in no way like the original "Nye" bill, is still very objectionable. The amendments destroy the principal objects to be gained by legislation. This bill eliminates the educational standards of training-schools, provides for two medical examiners, with three nurses, and ignores the New York State Nurses' Association absolutely in the nomination of examiners, allowing that association the privilege, however, of prosecuting when such action is called for.

The committee hope for a final adjustment between the Senate and the Assembly that will make it possible to pass the bill this year, but even with failure much will have been gained.

THE DELEGATION IN SUPPORT OF THE BILL.

The names of the physicians, training-school managers, and nurses who attended the "hearings" in Albany on March 11 and March 18 are as follows:

DR. FRANK VAN FLEET, New York, chairman Legislative Committee of the Medical Society of the State of New York.

DR. G. H. WOLCOTT, chairman Training-School Committee of the Homœopathic Hospital, Rochester.

DR. WILLIAM S. ELY and DR. E. W. MULLIGAN, City Hospital, Rochester.

DR. W. A. KEEGAN and DR. N. M. COLLINS, Homœopathic Hospital, Rochester.

DR. W. L. HARTMAN, Homœopathic Hospital, Syracuse.

THE REV. THOMAS A. HENDRICKS, Rochester, of the Board of Regents.

Representing Training-School Boards.

MRS. CADWALADER-JONES, New York City Training-School.

MRS. JUDGE SCOTT, Bellevue Hospital.

MRS. W. A. MONTGOMERY and MRS. WILLIAM EASTWOOD, Homœopathic Hospital, Rochester.

MISS DRIER, Brooklyn Hospital.

Training-School Superintendents and Nurses.

MISS EVA ALLERTON, Rochester Homeopathic Hospital.
 MISS MARY L. KEITH, Rochester City Hospital.
 MISS MUMFORD, South Nyack Hospital.
 MISS ANNA C. MAXWELL, Presbyterian Hospital, New York.
 MISS GOODRICH, New York Hospital.
 MISS DEAN, Mt. Sinai, New York.
 MISS DELANO, Bellevue, New York.
 MISS RYKART, Post-Graduate, New York.
 MISS SAMUELS, Roosevelt, New York.
 MISS SANBORN, St. Vincent's, New York.
 MISS GILMOUR, New York City.
 MISS LE FEBVRE, New York City.
 MISS O'NEIL, Kings County, Brooklyn.
 MISS MONTEITH, Brooklyn Hospital.
 MISS WILSON, St. Luke's, New York.
 MISS McKECHNIE, Infirmary for Women, New York.
 MRS. A. D. CALKINS and MISS L. L. WATERMAN, Methodist Episcopal Hospital, Brooklyn.
 MISS GRACE FORMAN, New York City Training-School.
 MISS GUNN, Albany.
 MISS CADMUS, Faxton Hospital, Utica.
 MRS. LINGENFELTER and four graduates from the Amsterdam Hospital, Amsterdam.
 MISS SADIE HUTCHINSON, Kings County, Brooklyn.
 MISS BURROWS, Cumberland Street Hospital, Brooklyn.
 MISS L. L. DOCK, Nurses' Settlement, New York.
 MISS MARY E. THORNTON, Post-Graduate Club, New York.
 MISS M. E. CAMERON, MISS IDA R. PALMER, and MISS WATERS, New York City.
 MISS SOPHIA F. PALMER, Editor AMERICAN JOURNAL OF NURSING, and others.

The Legislative Committee desires to express its deep appreciation of the assistance and support which it received from this especial group of people who assisted in the Albany campaign, and to all who gave aid in other ways.

EVA ALLERTON,

Chairman Legislative Committee New York State Nurses' Association.

THE NORTH CAROLINA BILL

THE North Carolina Bill passed the General Assembly March 2, 1903.

"AN ACT TO PROVIDE FOR THE REGISTRATION OF TRAINED NURSES.

"SECTION 1. *The General Assembly of North Carolina do enact:*

"That any nurse who may present to the Clerk of the Superior Court of any county in the State, on or before December 31, 1903, a diploma from a reputable training-school for nurses conducted in connection with a general hospital, public or private, in which medical, surgical, and obstetrical cases are treated, or in connection with one of the three State hospitals for the insane, or who shall exhibit a certificate of attendance upon such training-school for a period of not less than two years, or who shall present a certificate signed by three registered physicians stating that she or he has pursued as a business the vocation of a trained nurse for a period of not less than two years and is in their judgment competent to practise the same, shall be entitled to registration without examination, and shall be registered by the Clerk of the court in the manner hereinafter provided.

"SEC. 2. That on and after January 1, 1904, registration as a trained nurse shall be made by the Clerk of the court solely upon the presentation to him of a license from the State Board of Examiners of nurses as created and provided by this act.

"SEC. 3. That there shall be established a Board of Examiners of nurses composed of five members, two physicians and three registered nurses, to be elected by the Medical Society of the State of North Carolina and the North Carolina State Nurses' Association respectively, to be known by the title of "The Board of Examiners of Trained Nurses of North Carolina." Their term of office shall be three years.

"Three members, one of whom shall be a physician, shall constitute a quorum, and the majority of those present shall have a deciding vote. They shall each receive as compensation for his or her services when engaged in the work of the board four dollars a day and actual travelling and hotel expenses, the same to be paid out of money received for licenses issued, and in no case to be charged upon the Treasury of the State.

"SEC. 4. That the said Board of Examiners is authorized to elect such officers and frame such by-laws as may be necessary, and upon the occurrence of a vacancy is empowered to fill such vacancy for the unexpired term.

"SEC. 5. That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meeting it shall be their duty to examine all applicants for license as registered nurse, of good moral character, in the elements of anatomy and physiology, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license authorizing her or him to register as hereinafter provided, and to use the title 'Registered Nurse,' signified by the letters 'R. N.' The said Board of Examiners may in its discretion issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Such applicant before receiving license shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

"SEC. 6. That the Clerk of the Superior Court of any county, upon presentation to him of a license from the said Board of Examiners, shall register the date of registration with the name and residence of the holder thereof in a book to be kept in his office for this purpose and marked 'Register of Trained Nurses,' and shall issue to the applicant a certificate of such registration under the seal of the Superior Court of the county upon the form furnished him as hereinafter provided, for which registration he shall be paid fifty cents by the applicant.

"SEC. 7. That it shall be the duty of the North Carolina State Nurses' Association to prescribe a proper form of the certificate required by this act, and to furnish the same in sufficient quantity suitably bound in a book and labelled 'Register of Trained Nurses' to the Clerk of the court of each county in the State.

"SEC. 8. The said Board of Examiners shall have power after twenty-days' notice of the charges preferred and the time and place of meeting, and after a full and fair hearing on the same, by a majority vote of the whole board, to revoke any license issued by them for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of a license or certificate the name of the holder thereof shall be stricken from the roll of

registered nurses in the hands of the secretary of the board, and upon notification of such action by said secretary by the Clerk of the court from his register.

"SEC. 9. That any person procuring license under this act by false representation, or who shall refuse to surrender a license which has been revoked in the manner prescribed in Section 8, or who shall use the title 'Registered Nurse' or 'R. N.' without first having obtained license to do so, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than fifty dollars or imprisonment not exceeding thirty days.

"SEC. 10. That nothing in this act shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained, registered or not registered.

"SEC. 11. That this act shall be in force from and after its ratification."

THE NAVY NURSE BILL

It is to be reported with much regret that the Navy Nurse Bill must await another session of Congress. Owing to the disapproval of the Secretary of the Navy and an unforeseen exigency, growing out of the extreme pressure in the short session just closed, the consideration of the matter was deferred.

In making an earlier report on the bill it was not thought necessary to mention the various persons who were consulted in regard to it, but if it should become a law, credit will with pleasure be given to all those who had a share in its construction, as my papers show in detail its evolution from the army nurse law as its basis to the final form as introduced by Senator Dolliver. It would be premature at present to describe the various steps already taken and in contemplation to secure favorable consideration for this measure.

ANITA NEWCOMB MCGEE,

Committee on Navy Legislation, Spanish-American War Nurses.

SPANISH-AMERICAN WAR NURSES

A MEETING of the Spanish-American War Nurses of the States of New York and New Jersey was held at 155 East Eighty-third Street, New York City, on Monday, March 2, to form "Camp Roosevelt." The attendance was good, and everyone seemed to be very enthusiastic over the project. The meeting was called to order by Miss L. F. Saunders, chairman pro tem. Letters of regret were read which had been received from Miss Charlton, Miss Jones, Miss Hasson, and Miss Dunn. Officers were nominated from the floor and elected as follows: Captain, Miss L. F. Saunders; adjutant, Miss Eastman, and lieutenant, Miss Florence Kelly. A motion was made, seconded, and unanimously carried to make the annual dues fifty cents, to be paid to Miss Eastman, P. O. box 175, White Plains, New York, or at the meetings. Miss Eastman made a motion, which was seconded by Miss Saunders and carried, to extend invitations to the Spanish-American War nurses of Brooklyn to join Camp Roosevelt. Miss Bierman offered to act as a committee to select designs for a camp badge, which designs will be shown at the next meeting. Camp Roosevelt will meet the first Monday of every month at 155 East Eighty-third Street, New York City, at three p.m. Officers are requested to be present at two-thirty. The annual meeting will be the first Monday of March. A vote of thanks was given to Miss Haltem, who has very kindly given her house to hold these meetings in. After it had been decided to send notice of these proceedings to President Dr. Anita McGee and Mrs. Lounsbury the first meeting of "Camp Roosevelt" came to a close.

FLORENCE M. KELLY, Lieutenant.

REPORT FOR FEBRUARY OF THE CLASS IN HOSPITAL ECONOMICS, TEACHERS COLLEGE

For the month of February Miss Alline reports that the first part of the month was spent in examinations. The returns are not yet in, but a fair general average is expected for the students. One student expects to extend her course to the second year.

The excursions for the month were to Bellevue, the Infirmary for Women and Children, the Lying-In Hospital, and the Babies' Hospital, the latter of which gives a training to nursery maids. The visit to Bellevue filled everyone with a fresh enthusiasm.

The students in the hospital economics course are now giving a series of talks on home nursing at the Speyer School. This is a practice school connected with Teachers College, and is the centre of a new settlement organization amongst factory people. These talks are given with practical demonstrations on making and changing the bed, making and applying simple bandages, etc., and are much appreciated. This is excellent practice work for the students, and is also useful in helping to impress them with the openings in social work which exist for nurses who are well trained and can teach.

MASS-MEETING IN MASSACHUSETTS

The nurses of Massachusetts held a meeting in Faneuil Hall, Boston, on February 26, when the preliminary steps towards the organization of a State society were taken.

There were between three and four hundred nurses present when the meeting was called to order by Dr. Laura C. Hughes, and Miss Mary M. Riddle was elected chairman. An address of welcome was given by Commissioner Gallivan, representing the Mayor, and the speakers were Mrs. J. Ellen Foster, vice-president of the National Red Cross, Washington, D. C., Dr. Richard C. Cabot, Mrs. Alice N. Lincoln, Dr. William M. Conant, Dr. Elizabeth C. Keller, and Dr. Lane, of the Boston Insane Hospital. A letter was read from Miss Sophia F. Palmer, who was unable to be present.

After a recess Miss Goodnough moved that the association be formed, and it was carried without discussion. The following-named officers were chosen: President, Miss Mary M. Riddle; vice-president, Miss Dolliver, Massachusetts General Hospital; secretary, Miss Parsons, Massachusetts General Hospital; treasurer, Dr. Laura A. C. Hughes. Executive Committee—Miss McDowell, Newton; Miss Clara D. Noyes, St. Luke's Hospital, New Bedford; Miss Metcalf, Worcester City Hospital; Mrs. Hinckley, Salem, and Miss Elizabeth Tisdale, Massachusetts Homœopathic Hospital.

NURSES' SETTLEMENT NOTES

DURING the recent epidemic of typhoid fever in Ithaca the Nurses' Settlement of New York was called upon by the Health Officer of the city, Dr. Hitchcock, whose sister, Miss Jane E. Hitchcock, is head nurse of the settlement, to establish visiting nursing among the people who could not afford a private nurse, and to teach the details of disinfection and sanitation to the patients' families. Miss Hitchcock therefore went to Ithaca on February 27, taking with her Miss Alice Linton and Miss Minnie Jordan, both of the New York Hospital and both of whom had had experience in district nursing.

After establishing the service Miss Hitchcock returned after a ten-days' absence. The work was most satisfactory and interesting, the people being most responsive and grateful. The homes were comfortable and well-to-do and the families only needed teaching in order to give intelligent care, many of them having had no knowledge whatever of the infectious nature of the disease and of the necessary care of the stools. Miss Linton and Miss Jordan remained.

Numbers of private nurses were in the town, and many seemed equally un instructed with the patients. One such nurse was found diluting the patient's broth with water from the tap, and said in extenuation that she did not know this was wrong.

Dr. Hitchcock said to his sister that he wished for Heaven's sake nurses would establish some mode of distinction between those who knew something and those who knew nothing, so that the public would have some way of choosing between them. He said, "They come here saying they are nurses, and all wearing gingham, and how is one to know?" This seems very timely, in view of our present effort to obtain registration.

Miss Ellen Bolton, of the Flushing Hospital, who had recently taken up work with great success at the settlement, was unfortunate enough to contract scarlet fever, and is at the Minturn Hospital doing well.

Miss Cardiff and Miss Crotty, New York Hospital, Class of 1903, have taken up the settlement work at Henry Street, and Miss Johnson, of the Homeopathic Hospital, Boston, and one of the last class in hospital economics at Teachers College, who came into residence after Christmas, has been placed at Hartley House, the settlement conducted by the Charity Organization Society on the west side, where the nursing work is under the supervision of Miss Wald and Miss Hitchcock.

L. D. W.

NEW YORK PUBLIC SCHOOL NURSES

NURSES appointed on the Public School Service in February are:

Miss Hebblewhite, Presbyterian Hospital, Class of 1902.

Miss McArthur, Presbyterian Hospital, Class of 1895.

Miss Wadley, Bellevue, Class of 1885.

Miss Wall, St. Mary's, Brooklyn, Class of 1894.

Miss Owen, Royal Victoria, Montreal, Class of 1896.

Miss Heffren, Worcester City Hospital, Class of 1902.

Miss Alcan, New York Infirmary for Women and Children, Class of 1900.

Miss Cameron, Brooklyn Hospital, Class of 1900.

Miss Rothermund, Brooklyn Hospital, Class of 1900.

Miss Baron, Long Island College Hospital, Class of 1900.

Miss Mann, Long Island College Hospital, Class of 1898.

Miss Maynard, Long Island College Hospital, Class of 1891.

Miss Tweeddale, Long Island College Hospital, Class of 1894.

Miss Parbury, Brooklyn Memorial Hospital, Class of 1897.

Miss Tildesley, Philadelphia Hospital, Class of 1886.

The nurses are now distributed over Manhattan, the Bronx, and Brooklyn, having in the whole service one hundred schools.

All appointments have now been made for the coming year, and as there is a long waiting list it will be hardly worth while for other applications to be sent in at present.

L. L. ROGERS.

MONUMENT FOR MISS TOWAR

THE monument in Byron Cemetery, Owosso, Mich., to Ellen May Towar, the army nurse who died in Porto Rico, will show a woman of life size, seated, bowed in grief, with head resting in the left hand, and hanging at her side a laurel wreath. The contract has been let for the stone.

Miss Towar was a graduate of Grace Hospital Training-School, Detroit, Mich.

REGULAR MEETINGS

BOSTON.—The usual monthly meeting of the New England Hospital Association was held on Saturday afternoon, February 14, at three P.M., with the president in the chair. A large number were present, showing an increased interest in the general affairs by the members. Reports from the Committee on State Association were read and the report pertaining to the club-house was discussed, the outcome of which was a company of shareholders. The club-house we believe will be established in a few months. A proposition was made for the study of parliamentary law. A class is being formed. We were sorry not to hear Miss McArdle's paper on "District Nursing."

The meeting adjourned at four-thirty P.M.

INDIANAPOLIS, IND.—The Graduate Nurses' Association of Indianapolis, Ind., will meet at two P.M. the second Wednesday in each month in the parlor of the Young Women's Christian Association during the year 1903. At the January meeting officers for the year were elected as follows: President, Miss Johnson; first vice-president, Miss Rien; second vice-president, Miss Holbrook; secretary, Miss Belk; assistant secretary, Miss McCaughan; treasurer, Miss Hale. There were three new names added to the association roll and much business of interest to the association was transacted. There was a very interesting paper read, which was highly appreciated by all. Light refreshments were served, after which the meeting adjourned to meet the second Wednesday in February. The February meeting had only a small attendance, owing to the great demand upon nurses' time. One new member was added to the association. Some business was transacted of importance to nurses, and there was music at the conclusion of the hour. Adjourned to meet the second Wednesday afternoon in March.

CHICAGO.—The regular monthly meeting of St. Luke's Alumnae Association was held at the hospital on Wednesday, February 18. It was impossible to arrange for the lecture on "Food," as scheduled on the programme for this time, but it is anticipated to be but a postponement until the May meeting. At the business session Miss Draper was appointed as chairman, and Mrs. Hutchinson, Miss Johnstone, Miss Eldredge, Miss Moberly, and Miss Penfield on the Programme Committee for the coming year. The delegates for the National Association meeting at Boston in June were also appointed, as follows: Miss Fulmer (acclamation), Mrs. Hutchinson, and Miss Frank; alternates, Miss Emily Mus-sen, Miss Gates, and Miss Eldredge. Miss Emma Dawson was appointed as executive representative for this association in the State Association to fill the vacancy made by the resignation of Miss Pearse. Miss Rogers, Miss Foote, and Miss Patterson were appointed to serve on the Visiting Committee until the time of the regular meeting in May.

BROOKLYN, N. Y.—The usual monthly meeting of the Brooklyn Hospital Alumnae Association was held on Tuesday, March 3, and was well attended. Two new names were added to the membership list. Miss Morrison and Miss Rowell were chosen as delegates to the Convention of the Associated Alumnae to be held in Boston in May. A letter was read from the chairman of the Executive Committee of the Woman's Auxiliary of the Brooklyn Hospital stating that that committee wished to coöperate with the society in endowing a bed for all graduate nurses who are members of the alumnae. A committee was appointed to meet with the Woman's Auxiliary and discuss the matter. The meeting was then adjourned.

BOSTON.—Seventeen members answered to the roll-call at the February meeting of the Nurses' Alumnae Association of the Massachusetts General Hospital and four new members were elected. A letter from Miss A. C. Maxwell, thanking the association for the alumnae pin and expressing interest and confidence in the work and best wishes for the success of the association, was read by the secretary. A committee was appointed to draw up resolutions on "The Regulation of Hours for Work for Nurses in Training-Schools." Miss M. E. P. Davis read a very interesting paper on "Preliminary Instruction for Nurses" and was given a vote of thanks by the association. It was voted to discuss the subject at the next meeting.

BROOKLYN.—The regular monthly meeting of the Long Island College Hospital Alumnae Association was held at the hospital in Brooklyn on Tuesday, March 3, when there was a good attendance. An earnest and animated discussion took place as to the desirability of starting a registry for Long Island nurses. For a further and fuller discussion of the subject a special meeting was ordered to be called for Tuesday, March 10.

SAGINAW.—The Saginaw General Hospital Alumnae held its first annual meeting in the parlors of the hospital on Tuesday afternoon, March 3, 1903. Only seven graduates were able to be present. A business meeting was held at which the officers for the coming year were elected. They were as follows: President, Miss Marion Murray, reelected; first vice-president, Mrs. Cumming; second vice-president, Miss Haack; corresponding secretary, Miss Ida Thompson; recording secretary, Miss Marie Ferchan; treasurer, Miss Mary McMann; Board of Directors—Mrs. Thomas Oliver, Mrs. Longstreet, Miss Flora Robertson.

BALTIMORE.—At the March meeting of the Alumnae Association of the Maryland General Hospital Training-School for Nurses its members were happy to see their president, Mrs. Petit, once again occupy her chair with her usual executive ability. Mrs. Petit's aid and advice to her coworkers have been always of such value that during her absence of six months she was very much missed.

PHILADELPHIA.—The Alumnae Association of University Hospital held its regular monthly meeting on Monday, March 2, 1903, at three p.m., in the Nurses' Home, the president, Miss Rudden, in the chair. The usual routine business was transacted. There were fifteen members present. Miss Fahs, who has been doing missionary nursing in the hospital at Guntoor, India, was present at this meeting. Miss Fahs is enthusiastic in her work and very earnest. She returns to India within two weeks.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly business meeting on Wednesday, March 11, 1903, at three P.M. at the New Century Club, Twelfth Street below Chestnut, the president, Miss Walker, in the chair. The minutes of the previous meeting were accepted as read. Reports of the various committees followed. The Charter Committee, through the chairman, Miss Milne, presented its final report, as also the "charter," which, on motion, was accepted by the association. A motion was made and carried that a note of thanks be sent to Mr. John Marshall Gest and to J. F. Hagen, Esq., for the securing of the charter. A motion was made and carried that a committee representing each alumna in the association be appointed by the president to draw up a letter of condolence on the death of Miss J. F. McBride, and that copies be sent to her family, to *THE AMERICAN JOURNAL OF NURSING*, and the *Trained Nurse*, and that it be recorded in the minutes of this association. Meeting adjourned to meet superintendents from the different hospitals to discuss with them the possibilities of post-graduate work.

CLEVELAND.—At the first annual meeting of the Visiting Nurse Association of Cleveland, held in January, reports of the work done in 1902 showed the number of cases cared for to be eleven hundred and twenty-two. The number of visits made by the nurses was six thousand five hundred and sixty-seven. The practical work of the association was only begun in May, 1902, with a staff of three nurses. A fourth nurse was added during the summer, and the association is now anxious to take on a fifth nurse, and hopes to be financially able soon to add others to the staff. Graduates wanting to take up district nursing ought to apply at once, as there is a large field for the work in Cleveland. For detailed information address Alice W. Page, superintendent of nurses, Kingmoore Building, 260 Euclid Avenue, Cleveland, O.

BROOKLYN.—The first regular meeting of the Graduate Nurses' Association of Kings County, N. Y., was held in the Brooklyn Hospital Training-School March 5, 1903. After the reading of the minutes of the last meeting a recess was taken for the enrolling of new members. The meeting again being called to order, the report of the Nominating Committee was presented. The chairman, Miss Hughes, announced the election of the following officers: President, Beatrice S. Monteith; first vice-president, Nellie C. Hughes; second vice-president, Kezia Fanning; third vice-president, Mary Tweeddale; corresponding secretary, Mary H. Coombs; recording secretary, Martha J. Parry; treasurer, Dorothea M. McDonald. The election by ballot of the Credentials Committee then followed, the committee consisting of one representative from each alumna and one resident alumna member. A discussion followed on the future policy of the association, but owing to the lateness of the hour it was decided to defer such questions until the next meeting.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Woman's Hospital was called to order at four P.M., February 11, 1903, at 1227 Arch Street, the president in the chair. The minutes of the previous meeting were read and approved, and routine business transacted. The Committee on Entertainment for the benefit of the endowed bed fund report eighty-seven dollars realized from the progressive euchre party held at 1700 Arch Street on January 22. Mrs. Fogg reported amount contributed on second thousand to the endowed bed fund, seven hundred and nine dollars and fifty cents. Miss Peters

and Miss Boyle were appointed a committee to audit the treasurer's accounts. Election of officers for 1903 resulted as follows: President, Miss Lillian L. Allen; first vice-president, Miss Anna M. Peters; second vice-president, Miss Ruth Lee; recording secretary, Mrs. Emma P. Vollers; corresponding secretary, Miss Alta Manon; treasurer, Miss Helen F. Greaney. Meeting adjourned until April 8.

PHILADELPHIA.—The regular meeting of the Nurses' Alumnae Association of the Methodist Episcopal Hospital of Philadelphia was held at the hospital on the afternoon of March 11, 1903. Eleven members responded to roll-call. After the regular business had been transacted it was learned that Mr. C. W. Shoemaker, of Bridgeton, N. J. (a trustee of our hospital), had made good his promise to give five thousand dollars for the purpose of endowing a bed for the nurses of the above-named institution. The appreciation of the nurses is unbounded, and every effort will be put forth by them to raise an additional five thousand dollars (as has been suggested by Mr. Shoemaker) in order to endow a room. An interesting paper on the "Convention of the Spanish-American War Nurses" was read by Miss Adams, one of our graduates. The minutes of each meeting are printed and sent to absent members, thus keeping all in touch with what we are doing. They are much appreciated, especially by those living at a distance.

ANNOUNCEMENTS

NEW JERSEY STATE MEETING.—A special meeting of the New Jersey State Nurses' Association will be held at "Union Hall" (W. C. T. U.), 380 Main Street, Orange, on Tuesday, April 21, 1903, at three P.M. Cars run direct from the Pennsylvania Depot past the hall, marked either West Orange or Lincoln Avenue. The hall is five-minutes' walk from Orange Station.

NEW YORK STATE MEETING.—The annual meeting of the New York State Nurses' Association will be held in the assembly-room of the Humane Society, Albany, N. Y., on Tuesday, April 21, 1903, at 10-2.

ELIZABETH C. SANFORD, Secretary.

MARRIAGES

ON February 12, 1903, at the residence of her sister, Mrs. John Wallace, 96 Nelson Street, Brantford, Ontario, Canada, Annie Mackenzie, graduate of St. Luke's Training-School, Chicago, Class of 1894, to Mr. William Watt, of Brantford, Canada.

ON March 4, at the Hamilton Hotel, Carthage, N. C., Miss Nannie Low Cromson, graduate of Rex Hospital Training-School, Class of 1899, to Mr. Ralph Gordon Jessup. Mr. and Mrs. Jessup will reside at Fayetteville, N. C.

ON February 24, Dorothy M. Weatherson, graduate of the N. W. H. T.-S., to George M. Peters. Mr. and Mrs. Peters will reside at Long Prairie, Minn.

OBITUARY

RESOLUTIONS adopted by the councillors of the Philadelphia County Nurses' Association on the death of Miss Janet McBride, a graduate of the Pennsylvania Hospital, who died in that institution March, 1903, of typhoid fever:

"WHEREAS, Our Heavenly Father, in His all-seeing power and divine wisdom, has deemed it best to remove from our number to His everlasting care one of our beloved members, Miss Janet McBride; therefore be it

"Resolved, That we, the nurses of the Philadelphia County Association, have lost in her a true friend and faithful worker.

"Resolved, That we extend to the bereaved family our heartfelt sympathy.

"Resolved, That a copy of these resolutions be sent to THE AMERICAN JOURNAL OF NURSING, the Trained Nurse, and the family of deceased, also that a copy be kept in the records of this association.

"SARA RUDDEN,

"CAROLINE I. MILNE,

"MARY S. LITTLEFIELD,

"MOLLIE MOLLOY,

"CHARLOTTE E. PERKINS."

MRS. S. F. McMASTER, widow of the late S. F. McMaster, of McMaster & Co., former dry-goods merchants of Toronto, recently died in Chicago in St. Luke's Hospital. Mrs. McMaster suffered a stroke of paralysis in Schenectady, N. Y., some weeks ago, but improved sufficiently to be sent to Chicago, where her sons and daughter reside. She suffered a relapse, and gradually sank until death came. Deceased was the second daughter of the late George B. Wylie, of Toronto. She was one of the original projectors of the Sick Children's Hospital, taking a great interest in it, and being lady superintendent for over a year. Because of ill-health Mrs. McMaster went for a year to California, and finally to Schenectady, where she became superintendent of the Children's Home. She leaves a daughter, Mrs. Clarke, and two sons in Chicago. Mrs. McMaster was a graduate of the Illinois Training-School under Miss Draper.

At the March meeting of the Executive Committee of the Boston Nurses' Club it was voted that the secretary write a letter of sympathy to the family of Miss Helena Duffy, one of the club members, who died of pneumonia in February. She developed the disease while nursing a pneumonia patient. Miss Duffy was a beautiful woman and a busy, popular nurse.

IMPORTANT INFORMATION WANTED

ABOUT two years ago a nurse by the name of Miss Minnie Wallace stopped writing to her friends, who have failed to find any clue in regard to her, and have recently been told that the notice of the death of a nurse of that name was published in a nursing journal about a year ago. Miss Wallace was a graduate from a Philadelphia school, and had done nursing in Washington and New York City. Any information in regard to Miss Wallace may be sent to the Editor, who will forward it to her friends.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



ORGANIZATION NOTES

THE annual meeting of the Matrons' Council was held in January at St. Bartholomew's Hospital, Miss Isla Stewart presiding, when the report for the year was read, reviewing the work and actions of the council.

We see that the Matrons' Council takes a much more active part in general nursing affairs than does our own Superintendents' Society, and goes on record in expressing the standards held by its members in a way that might well be emulated by our society, for this repeated affirmation of standards has a real influence in shaping public opinion and in educating both laity and nurses.

Thus the council took an active part in the agitation for the Midwives' Bill, which held such a prominent place for a while in the attention of medical men, nurses, and legislators in England.

In regard to nursing in the navy we quote the following extract:

"As it was announced early in the year that Inspector-General Henry C. Woods, M.D., M.V.O., was engaged in preparing a scheme for an increase of the nursing staff on his Majesty's ships in time of war and national emergency, and that a reserve of naval nurses, male and female, was to be established, the council forwarded to the Earl of Selborne, First Lord of the Admiralty, a copy of the memorandum presented to the Admiralty by a deputation of the Matrons' Council in 1900. It is regrettable to have to record that the new regulations issued in connection with Queen Alexandra's Royal Naval Nursing Service are very disappointing. No Nursing Board and no matron-in-chief are appointed, as in the case of the sister service, and the trend of the whole document is to show a lack of comprehension of the requirements of modern nursing on the part of this government department."

The council also deputed a delegate to appear before a Committee on Nursing the Sick Poor in Workhouses to give evidence on behalf of the council. These workhouses, which appear to correspond with our almshouse hospitals, have been the scene of the most extreme friction for some time past, evidently resulting from a well-meaning but utterly unintelligent man-management, by which trained nurses were put under untrained people, young doctors and incompetent wardens were running the housekeeping and nursing, and a general state of chaos prevailing, with helpless patients falling out of bed, Sairey Gamps giving carbolic acid for medicine, young medicos complaining to the Guardians that the matron would not do as she was told (by them), and good, trained women resigning in despair because they were hampered in every attempt at system. It is to be hoped that the testimony of capable women may help to improve this muddle. The recommendations of Mrs. Wates, the council delegate, were as follows:

"Properly qualified nurses are little inclined to workhouse nursing, and that

for several reasons. It is hopeless to expect nurses to remain working *under any conditions* in lonely workhouses miles away from a town.

"They have *no hope of promotion* as an incentive to such work.

"They find their training no qualification for the best post in such institutions. They work under a matron, chosen simply because she is the wife of the master, with little or no experience of institutional work, and no knowledge of the special work of the nurse.

"Many nurses complain of *small salaries, poor food and accommodation.*

"The work is uninteresting and monotonous, and nurses find, if they remain long at it, it is difficult or impossible to get posts in other institutions.

"The inevitable friction where nurses work under such *divided authority* as now obtains in numbers of workhouses makes it impossible for a wholesome and necessary discipline to be enforced; habits of laxity and disloyalty are the result, which are as much feared by good nurses as by good matrons, consequently the reputation of the workhouse nurse suffers.

"In my opinion these difficulties can only be met by the appointment of matrons who are trained nurses, and who have gained experience in superintending the work of others in institutions.

"Educated and trained women would end the difficulty, and there are numbers of suitable women who would be ready to fill these posts as they fall vacant.

"There is nothing in the 'order' or in the details of work to hinder capable and experienced women from undertaking it.

"Trained matrons understand nurses and their work, can help them in emergencies, have sympathy with them in their difficulties, and will be capable of superintending the female staff.

"Such a matron will require, of course, separate suitable quarters and a good salary.

"In the larger institutions she will need an assistant, who must also be trained in nursing. The nurses will then aspire to such posts as may in time lead to matronships.

"Until such time as trained matrons be appointed in all workhouses as a temporary arrangement the superintendent nurse will be required; but I am entirely opposed to give her the entire control of infirmary and making her independent of the matron where the infirmary is not under separate administration. It is subversive of discipline, and the friction which it always entails will in some way react to the disadvantage of the patients. It would make the superintendent nurse the superior female officer, and the matron was appointed as such.

"The efficient training of probationers in workhouses is an impossibility. The nature of the cases under treatment does not allow of a sufficiently comprehensive experience, even though the medical work is sometimes very good and varied.

"Workhouse wards should therefore be staffed by nurses holding a three-years' certificate from a general hospital or infirmary.

"The 'Orders' for the matrons of workhouses and infirmaries require revision, as they were drawn up when the conditions were different. A matron undertakes duties of great responsibility after years of arduous training, and should therefore be in direct communication with her committee. I have no hesitation in saying that this arrangement, which is only just to the matron, would be found most satisfactory to the authorities.

"To the medical officer she would be responsible for the proper carrying out

of his directions for the care of the sick, but for all business matters of her department she would be directly responsible to the committee.

"It seems to me that many of the present difficulties would be met by the formation of an Advisory Committee on nursing matters in connection with the Local Government Board. I would suggest that some of the members of such a board should be experts on nursing, that the inspection of nursing matters should be under it, and that the secretary should be a fully-trained nurse. This central department would formulate a uniform standard of training and examination."

Another interesting conference to which the council sent a delegate was that of the British Gynaecological Society, at the request of the same, to consider the gynaecological and obstetrical training of nurses.

The report tells of the active work going on in the education of the public on State registration, and of the work of its members in other countries says:

"In New South Wales the Australasian Trained Nurses' Association, of which Miss McGahey, honorary member of the Matrons' Council, is honorary secretary, is doing excellent work in nursing organization, and in improving the standard of nursing education. The council of the association has drawn up regulations dealing with the recognition of hospitals and the training and certification of nurses, and requires a report from each recognized hospital, giving details of the work carried out, at the end of each year.

"The Victorian Trained Nurses' Association states that the movement for establishing a uniform system of training, examination, and registration of nurses has been successfully inaugurated and accepted throughout the country. It has published a list of hospitals recognized by its council as training-schools for nurses, has instituted an independent examination, and appointed a conjoint board of medical and nursing examiners.

"Friendly negotiations with the Australasian Trained Nurses' Association have resulted in the establishment of a basis for uniform as well as reciprocal action in regard to the registration of members and their removal from the register for breaches of discipline, the recognition of hospitals as training-schools, and the withdrawal of recognition when the teaching is deemed insufficient and unsatisfactory, or for other reasons."

We would much like to know with what amount of meekness hospitals in Australasia will submit to being not recognized as training-schools? Can we imagine the size of the cyclone if in this country some small private or special hospital which pretended to train nurses should be "withdrawn from recognition" for "insufficient and unsatisfactory teaching"? But in Australasia all women, including nurses, possess the ballot, and are thus able to take a direct part in public affairs, including the management of their hospitals, while we, at the end of seventy million years, are still employing the methods of primitive woman in advancing what we think are our interests, namely, playing off one man against another to gain our ends.

NOTES OF THE INTERNATIONAL COUNCIL OF WOMEN

THE time of the next great international congress of women is drawing close,—June, 1904, only little more than a year off,—and the nurses in our organized societies at home should be letting their thoughts run forward to this time, for many, perhaps, could contrive to attend this most interesting and inspiring gathering if they began now arranging for such a trip. We are told that if we want very much to do anything, we can almost certainly bring it about

by "fixing the mind" on it. It is therefore much to be hoped that many of our leading nurses will "fix their minds" on this event in the future. The executive meetings of the International lately reported give an idea of the tremendously earnest moral force which impels these gatherings, and show the universal movement of modern women in all civilized countries towards the investigation and critical study of every branch of civic and national conditions relating to the welfare of their own sex and to that of children and the dependents of society.

For our own immediate circle of nurses, the special meaning and stimulus of our affiliation with this world-wide federation comes in this—that our special knowledge and training may be used in helping to frame and further preventive and constructive work, thus offering our women opportunity to exercise all their faculties; not only those submissive and uninquiring qualities of tender-heartedness which have led the nurses of all ages to the relief of suffering, but also those more animated and effective qualities which would impel them to protest against and denounce the needless and preventable causes of suffering which they continually see.

The meek and silent sister of an older ideal who served with her hand and heart only, merely making it a little easier for things to keep on being wrong, stirs our anger rather than our admiration, and we rejoice in the promise of the modern trained nurse, who is also an educated woman holding a sufficiently important social position, to use her head and conscience as well. Notes from the Press Committee of the International Council follow:

NATIONAL COUNCIL OF DENMARK.

"The members of the Press Committee will have received already the account of many important changes lately made in the Factory Act of that country, the efforts that have been made lately to secure the municipal franchise for women, and the account of a petition sent by the Danish Council to the Minister of Justice containing suggestions and wishes which he was asked to consider in framing a bill concerning ill-treated and criminal children, as well as many other items of interest that concern the women of that country."

NATIONAL COUNCIL OF GREAT BRITAIN.

"Among the subjects to be discussed will be 'University Education for Women, Its Effect on Social and Intellectual Life,' 'The Present Position of Women's Suffrage,' 'Public-House Trusts,' 'Wage-Earning Children,' 'The Outlook for Women at Home and in the Colonies,' 'The Permanent Care of the Feeble-Minded,' 'The Relation of Amusements to Life,' 'to Health,' 'to Education,' 'Popular Amusements for Working-Girls.' Papers on rescue work among women and children, papers on organization and committee work, and a special meeting for young ladies will make the time seem all too short for those who are present. It is of special interest to the members of the Canadian Council to know that one of their workers, Miss Fitzgibbon, is to be the speaker for the 'Outlook for Women in the Colonies,' together with Miss Mabel Malleson, of South Africa."

NATIONAL COUNCIL OF HOLLAND.

"... Our Society of National Women's Labor has done a fine thing in organizing a way of pensioning working women by making possible an insurance

whereby the premium may be augmented or may be diminished, or, indeed, stopped in times of need, while whatever was paid continues 'to keep' its value. It is expected that this will prove an immense value to women workers, domestic servants, teachers, shop girls, etc., if only they may be made to feel the importance of insuring themselves very early in life. It is a great thing also that the municipality of Amsterdam, wishing to increase the supervision in its public schools, decided to create the post of inspector of the same, and it was immediately resolved that one of the four persons named for this most honorable and well-salaried post should be a woman."

NATIONAL COUNCIL OF NEW ZEALAND.

Mrs. Wells sends a bright and very interesting account of the seventh meeting of the National Council held last May in Napier. She says: "Our programme included papers and addresses on 'The Duty of the State to Neglected and Destitute Children,' 'Education,' 'Culture,' 'Prison Reform,' 'Removal of Civil and Political Disabilities,' 'Economic Independence of Married Women,' 'Equal Wage for Equal Work,' 'Man's Rights, Woman's Claims,' 'Illegitimacy,' 'Municipal Reform,' 'Political Reform,' 'Old-Age Pensions,' 'Peace and Arbitration,' 'The Trend of the Woman Movement in New Zealand,' 'Food Reform,' 'Domestic Service,' 'Temperance,' 'Gambling.' In response to the request of the president of the International Council it was resolved to hold meetings all over New Zealand in May, 1903 and 1904, to further the ideals of peace and arbitration. An Education Committee was formed to forward a better and more comprehensive system of education, recognizing the responsibility of the State towards each child in it so that he or she may be adequately prepared to gain a livelihood. The principle embodied in the resolutions on the subject of 'Illegitimacy' has gained many adherents throughout New Zealand, and already it has resulted in the Wanganui Charitable Aid Board passing a motion to be forwarded to all other Charitable Aid Boards in New Zealand and also to Parliament in favor of illegitimate children being registered in the father's name as well as in the mother's, and also that the father should be held responsible for their maintenance and education until the age of sixteen is attained. For years the women of New Zealand have been praying that all civil and political disabilities should be removed from women, but although they have the parliamentary suffrage, as yet their prayer has been in vain. It was therefore resolved at this meeting of their council that a sub-committee should attend the session of Parliament then sitting in order to plead publicly for the removal of these disabilities."

NATIONAL COUNCIL OF VICTORIA.

"This council, which is not yet a year old, is evidently making rapid growth and progress, and has already secured the federation of a large number of representative societies. One of the first pieces of work undertaken by this council was that of trying to bring about the appointment of police matrons in gaols and lock-ups where women are detained. Mrs. Watson Lister, B.A., their bright and enthusiastic secretary, writes: 'You will, I am sure, be delighted to hear that New South Wales has now fallen into line and women have the vote there—the bill passed the Upper House last week. The members resisted it to the last, but the Government brought such pressure to bear that they were forced to give in. In Victoria the Suffrage Bill is incorporated with the Reform Bill which has passed the Lower House, and from all we hear is likely to go through

the Upper House, so that we are hopeful now that the end of the year will see the triumph of the suffrage movement in Victoria. The possession of the Federal and State vote must necessarily make the work of the National Council much more effective."

NATIONAL COUNCIL OF ARGENTINA.

"The accounts received from this council continue to show an increased interest on the part of the federated societies, and the meetings have been made attractive by well-written papers on a variety of important subjects. One of these papers is of especial value, and it has for its subject 'The Women of Argentina.' In answer to the charge that has been made, that the Argentine women are frivolous and superficial creatures, the writer gives much information as to the various professions and occupations in which many of them are now making for themselves a good reputation. She says: 'From the year 1899 till the year 1901 forty-eight young ladies were matriculated in the National College. There are at present eighteen girl students at the university; five of these are studying medicine, thirteen are dental students, six are taking the course in arts and philosophy, and one is studying engineering. The profession most favored by the Argentine women is teaching. It was stated that in December, 1901, there were fourteen hundred and fifty-nine lady teachers employed in the primary schools of this capital and only three hundred and eighty-three men teachers. They also occupy the post of professors in the higher education.'"

NATIONAL COUNCIL OF FRANCE.

"This council has now a federation of forty societies, with a membership of some twenty-eight thousand women. In the December number of *Le Journal des Femmes*, which is edited by Madame Maria Martine, an interesting account is given of the November meeting of the council, at which Madame Martine was selected a member of the Executive Committee. One of the subjects under discussion was that of the proper disinfection of tenement houses in the case of infectious diseases, such as tuberculosis and others. Several admirable suggestions were made, which it was decided should be sent to 'La Commission d'hygiene.' The Committee on Legislation presented through Madame Oddo-Deflou a full report upon the subject of illegitimacy, which contained a number of suggestions concerning the law on the matter, the result of exhaustive study, which received unanimous approval of the council. The other councils that are also specially interested in this important subject should write to Madame Martine, 31 Rue Francœur, Paris, for a copy of this paper, which also contains a very appreciative notice of the death of Mrs. Elizabeth Cady Stanton and of her life and work."

NATIONAL COUNCIL OF CANADA.

"This council has had many reasons for encouragement this season, five new local councils having been added to the list. Copies of the last annual year-book, 'Women Workers of Canada,' have been sent to each of the other councils, and it hoped that they may be seen by the members of the Press Committee in each country also. This council feeling the need of being able to bring before the notice of all the members of the federated societies the work and aims of the council, and of the other councils also, has begun the publication of a little quarterly called *The Messenger*, which is sold very cheaply, and which it is hoped may grow in time to be a monthly paper worthy of so great a cause."

LETTERS

WE are now in the land where one must wear sun-helmets, or sun-shades with green lining. Violets, wall-flowers, peach-blossoms, and wild-roses are all in bloom.

When we arrived we had our breakfast in a most beautiful orange-garden, and had the fruit fresh from the trees.

The peach and apricot trees were covered with bloom, and these with the golden oranges made a very pretty picture.

They spread our table on the veranda, and we had Persian bread, eggs (boiled, but no spoons), coffee, and oranges.

Some trees here have a species of fern growing on them, and others are almost covered with ivy, while flowers of every variety of color abound. It is difficult to describe the place. Of course, no women are visible.

Our Armenians buy the supplies, cook our meals, and the people drink tea all day long. One sees shopkeepers with glasses of tea in every office; even this morning while at the bank little glass mugs of tea, with a great deal of sugar and no milk, were served.

Our party here has four houses in a large compound. These compounds resemble somewhat a large park or garden inclosed in high mud walls. A fountain plays in the centre, and the rooms open on this court, so that one has always to go out-of-doors to go from one room to another. My own room will be on the roof, and I will have to go up an outside staircase and walk about one hundred yards to get to it.

Across the city is a beautiful large American hospital, closed at present waiting for a doctor. I have been in the hospital a great deal this week trying to get things straightened up for the opening. The builders are repairing two rooms, but as everything is mud here, building is such dirty work.

For helpers in the men's hospital I will have Armenians who are already partly trained. Paul Peter is first, and he considers himself quite a doctor. He administers chloroform on operation-days and is able to take the dispensaries. Aritoon and Avidick are seniors; one has charge of the operating-room, the other the wards; then as nurses I have Stephen, George, and Solomon. We have a cook, two servants, and a gatekeeper, besides a woman to wash and mend. Fortunately, six of these speak English. The women and children go to the public bath-house once a week, and that is the only time the hair is combed or their clothes washed or taken off. At night they just remove one outside garment, roll themselves in a big quilt, and lie on a mattress on the floor. They even have their heads covered.

On Sunday we had our first operation in the hospital,—an emergency,—and since then we have had eleven within two weeks, besides many minor operations, such as removing tonsils, etc., which I have not counted. You would be surprised to see our wards. Iron bedsteads from England, with mattresses of chopped straw,—which are slipped into a print cover,—pillows of the same material, and heavy comforters, which are a delight to the patients, all covered with the same material.

The patients are all in bed with their clothes on—even their caps they never part with.

We put them in hospital-clothes, consisting of blue trousers made very wide

and tied around the waist with a drawing-cord, a blue shirt, a red jacket, and sometimes a blue cotton coat over that.

The hospital also is a compound with a garden in the centre and walls all around.

The first room to the left is the dispensary, on the opposite side the consulting-room for out-patients, a large waiting-room, and two small examining rooms; then comes the assistants' room, then the doctors' private room, then a small ward. Up the outside stair we enter two private rooms; then after a walk over the roof come to a ward with six beds, all occupied; next this ward is the operating-theatre with a large square hall in front of it. Beyond is a ward of three beds, then the eye ward, and next this my own room, with a pretty, blue-tiled floor and stained windows.

There is little to speak about except my work, for we seldom go out except for a walk to the desert, or sit on the roof for an hour's rest.

At first we had to call upon all Europeans (it is the custom of the country for newcomers to call first).

The hospital is more than full, and we have some patients sleeping on the floor.

My days are very busy. I get up at five-thirty, breakfast at six-forty-five, hospital seven-thirty, and remain there until eight P.M., when I return for dinner. Persian service is at eight A.M., consequently hospital work must be well done before that hour.

The question of moving the hospital to Ispahan is now under consideration. The Prince, who is a brother of the Shah, has forbidden us to build a new hospital yet.

The indoor dress of the women consists of a shirt, a pair of long trousers, and a very short skirt—the length is supposed to be the span of their hand; they wear this about four inches below the waist. In the winter season they wear a cotton coat in addition to this, and on the street their costume consists of very full bloomers with feet, a cotton coat, and chuddie.

I am the only woman in the hospital, consequently am a constant source of curiosity to the men patients.

To-morrow we have six operations.

The women complain of queer diseases, often declaring they have an animal running around inside the head. They also claim to have "bands," but no doctor has yet been able to find out what they mean by that term. They are always much pleased to be told they have a "band" but rather offended if the diagnosis happens to be anything like rheumatism.

Sometimes they consult the doctor, telling him many symptoms, but ending with, "That is well now." "Well, what is the matter now?" said the doctor, but though she started many times, she always ended in the same way.

Miss B. goes twice a week to massage a Persian lady, the daughter of a Prince. They send a carriage and pair for us, so we always go in style. The patient lies on a mattress on the floor, with rich brocaded silk bolsters to prop her up. About five or six friends all arrayed in rich silks sit around the bed, also the children. There are also six women-servants in attendance, one swaying a fan with a handle about four feet long. Chairs are provided for us, but the others sit on the floor. After about twenty salutations we are given our tiny glass of tea.

When the limb has been massaged we hold out our hands over a curious brass

basin and a servant pours water over them, then a black page brings us ices and iced drinks, fruits, and cucumbers cut up in syrups.

Housekeeping here is quite a problem, for servants are far from honest according to our idea. They count it all right to charge a percentage on everything. An honest man pockets a little and is not dishonest until he is found out. Last week we bought four hundred eggs. One supply only—forty-four—had been taken out. I counted them before the cook to his surprise, and to my surprise found two hundred and ninety-eight when there should have been three hundred and fifty-six. I tell you this to show you what housekeeping in Persia is like, and you must remember my cook is a very honest one.

H. D. McKIM,

C. M. S. Hospital for Men, Julfa, Ispahan, Persia,
Graduate Toronto General Hospital Training-School for Nurses, Class of 1896.

ITEMS

MRS. KINNEY kindly sends some items from the Philippines. She says: "A letter from the Philippines announces the death of the Woman's Hospital after a long and futile struggle for existence. There is a movement on foot, headed by Bishop Brent, to meet the great needs of the city of Manila by erecting in its place a large civil hospital. The association of Bishop Brent with the enterprise practically assures its success, and it appears that no effort is being spared to secure the very best help possible in all directions. It is supposed that the superintendency will be offered to an ex army-nurse."

A later note sent by Mrs. Kinney says that Commissioner Ide has donated ten thousand dollars to the Manila General Hospital fund.

A pathetic little paragraph appeared in the *Manila American* some time since describing the funeral services of Miss Hannah M. Niehoff, who was laid to rest in the National Cemetery in the presence of all the army-corps nurses and civil nurses of the city.

MRS. QUINTARD writes from Havana: "We have many things that might interest you, for while the affairs of the schools are not always running smoothly, and the progress is slow, the schools are doing well and we have some reason to feel encouraged. In June we shall graduate another class of about ten pupils. Of the seven graduated last October, all are employed in hospital positions, and the reports of their work are most satisfactory."



CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 10, 1902.

BURGESS, ALICE V., stationed at the First Reserve Hospital, Manila, P. I., has requested her discharge to be married.

Gillen, Mrs. Ella M., ex-army immune nurse, died in Washington, March 3, after a brief illness, of nephritis and pneumonia. She was buried in the army nurses' plot in Arlington.

MacDonald, Mary D., recently transferred from Corregidor to the First Reserve, Manila, P. I., arrived in San Francisco on the Sheridan March 4; assigned to temporary duty at the General Hospital, Presidio, awaiting further instructions from the Surgeon-General.

Ostien, Mary F., transferred from the Convalescent Hospital, Corregidor Island, to the First Reserve Hospital, Manila, P. I.



SORE THROAT.—B. F. Randolph Clark states that not every patient who complains of sore throat is actually suffering from angina. This phrase is loosely used to describe any pain or discomfort about the mouth, fauces, or larynx. There are very many causes which give rise to discomfort in the throat. Sometimes rheumatism of the muscles of deglutition causes much pain, while on examination only a slight redness of the posterior wall of the pharynx can be seen. There may be paralysis of the throat muscles, which will cause discomfort in the throat. Inquiry in such cases should be made as to recent diphtheria. Sore throat with a generally diffused redness of the pharynx is characteristic of simple catarrhal pharyngitis. It yields readily to glycerole of tannic acid, which should be applied after the surface has been cleansed with an alkaline spray. An initial dose of calomel and a gargle of chlorate of potash or rhus glabra are effective adjuvants. Hypertrophied tonsils may become inflamed and sore. Acute follicular tonsillitis is one of the most frequent causes of sore throat. The seat of the disease is in the crypts or follicles, and each one must be cleansed out with hydrogen dioxide on cotton wound on a steel probe, and then wiped out with a strong solution of silver nitrate. The bowels should be opened and salicylates given internally. This treatment will always shorten, modify, and often abort an attack. Phlegmonous tonsillitis or quinsy is most distressing. If seen before pus is fully formed, scarification gives much relief. Hot liquids held in the mouth seem to give some relief and hasten the process. The bowels should be thoroughly opened. The writer mentions many other forms of sore throat, concluding with a few remarks on diphtheria. He declares that the early use of antitoxin, in some cases without waiting for the results of the bacteriological examination, is imperative.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: While looking over the pages of THE AMERICAN JOURNAL OF NURSING, which I find very interesting, I fail to see any article in reference to the male nurse. While I realize that a male nurse is not to-day a very great factor in the nursing profession, it seems to me that a young man can be trained to be equally as valuable in the nursing world as his sister. There seems to be a strong prejudice against the male nurse by some physicians, thinking, perhaps, he might encroach upon their field of work. While the doctor may be justified in some cases, I believe it the fault of the training the nurse received. There are, I believe, a great many cases where a male nurse can be of better service to the doctor as well as the patient. In the first place, in the male wards of all hospitals an orderly is required to do the heavier and more disagreeable work, which ought to be done by a nurse well qualified, whereas if male nurses were employed it would do away with the orderly, and thus be a great saving to the hospital. As a rule orderlies are not selected for their mental qualifications, but for their physical only; and, again, in the majority of nervous cases, the nurse, as well as having diplomacy and using it, requires more strength than the average female nurse possesses for an emergency, thereby perhaps saving the patient's life, besides cutting down the expense of the family in having a male nurse do a great deal of work which properly comes under the head of nursing that otherwise the doctor would have to call and perform with a female nurse on the case. Also in the operating-room the female nurse does not as a rule render as efficient service as a male nurse, for the simple reason that a woman does not make as good a surgeon as a man,—as per Dr. Lorenz. The United States Government is employing a great many female nurses in the hospitals connected with the army, and it gives them credit for doing good work, but where is the physician or army officer who would consent to his sister nursing in the army hospitals?

Doctors often complain that they cannot get good, trustworthy male nurses, but only a few years ago they made the same complaint about female nurses. It is very true that it is hard to find a good male nurse for this reason,—there is only one training-school for male nurses of any account in the United States, and the officials in accepting young men on probation do not inquire into their character and habits, as the majority of those of female training-schools do, consequently some of the nurses are not up to the standard. A course in any training-school does not make a good nurse unless they have the right material to begin with.

Nursing surely is an honorable profession, and is worthy of any young man who is inclined that way. If we had good training-schools throughout the country that would accept young men of good character and education on probation, the doctors would not find it difficult to obtain good male nurses who also

could serve in the male wards of hospitals, thereby reducing the expense to a great degree.

I should be pleased to hear through THE AMERICAN JOURNAL OF NURSING from anyone on this subject,—why young men cannot be trained equally as well as young women for the nursing profession, and, also, why it would not be to the advantage of hospitals to have male nurses in male wards.

R. D. RIDER,
Professional Nurse.

DEAR EDITOR: The case has recently come to my notice of a young woman who has finished her course in nursing at one of our large training-schools, but who does not receive her diploma until May or June, when the school has its commencement. She came to me for assistance, bringing an excellent letter from her superintendent, who is an old friend of mine. I spoke to the few physicians I happen to know, and they promised to do what they could. Of course, she could not register at any nurses' club or registry without her diploma, and in consequence has been idle considerably over a month, and to-day took a fifteen dollar per week case as an undergraduate in preference to waiting any longer. Is this fair? Should not our training-schools give the diploma as soon as the term of work required in the hospital expires? or, as we cannot all enter and finish at the same time, cannot the school provide work for the unfortunate ones who have to wait until commencement day for their diplomas? In hope that the superintendents will try and rectify this difficulty, believe me, very truly,

MARY C. JANNEY,
Graduate Bellevue, Class of 1891.

BALTIMORE, Md., February 26, 1903.

DEAR EDITOR: Your March number was very interesting, as, indeed, are all. I was particularly interested in the letter by "A Member of a Training-School Committee" about how to keep out unworthy members of the profession. It seems to me a drug or drink fiend should be ineligible, if not for State registration, certainly for membership in the Nurses' Association, as I understand one of its objects is the elevation of the profession. We all know that a drug fiend is *never* cured, and while they might be helped privately, recognition in any society should not be tolerated.

INTERESTED.

[We agree with the writer, but the difficulty is often to secure absolute proof.—Ed.]

DEAR EDITOR: The subject of an annuity fund, or some provision for nurses who are beyond the age when active service is possible, should certainly be considered, and there is no time like the present. Nurses themselves must become interested. Those near the retiring age are aware of the necessity, and those now in their prime must realize that time is relentless in passing. That most of the women in the profession have "home ties" is true, but it is they who for the most part provide for those in the homes, and when the breadwinner is incapacitated, what is the outlook?

In England there is a general annuity fund, started, I think, by public subscription and augmented by a system of yearly dues by the nurses. If we can raise and maintain our own fund, so much the better, but let us *begin* the contemplation of such a step. Would it not be well to bring the matter before the Associated

Alumnæ at the May meeting? Surely it is not too much to ask that the nurse in her old age may be considered.

A. RHODES.

DEAR EDITOR: Apropos of the appointment of a graduate of the Illinois Training-School to the position of assistant registrar in the Boston Directory for Nurses, it would interest Boston nurses to know if any of their number applied for the position.

As Miss Macbrien's sister has been registrar for some years, it was quite the natural thing for her to become assistant.

B.

DEAR EDITOR: What are the necessary requirements for membership of the Spanish-American War Nurses' Association? Could a nurse who entered the United States service in January, 1899, and served more than two years at Manila become a member? If so, to whom should she apply for application blanks, etc.?

A SUBSCRIBER.

[A nurse to be eligible to the Society of Spanish-American War Nurses must have served under contract at least one month in the year 1898.—Ed.]

DEAR EDITOR: Can anyone give the writer information about private nursing in Winnipeg, Canada, and addresses of some nurses' homes, salary, expenses, etc.

M.

DEAR EDITOR: I felt much gratified by the way you commented on the remarks of a "Member of a Training-School Committee" in the last number of the JOURNAL. Her criticisms seemed to me wrongly directed, in view of many experiences of my own. What you said of the difficulty many superintendents had in ridding their schools of the unfit was very true.

In my own experience I have myself been treated with the most open suspicion and opposition by women of the Managing Board when trying to weed out the women whom I felt sure would not bring honor upon the profession, and in bringing even quite glaring proofs of incompetency against pupils who had shown the "cloven hoof" I have found, to my astonishment, that it was I, not the culprit, who was on trial.

I have even heard the president of a woman's board say that she always made it known among the nurses that any of them were welcome to come to her with complaints of any kind (complaints against the superintendent were, by inference, the ones which they would make), as she thought this prevented their being treated with injustice.

The curious thing is that when these nurses get outside and make mistakes or give dissatisfaction not a woman on the board has anything but unmitigated condemnation for them.

The "Member of the Training-School Committee" does not know her subject when she talks about the alumnæ societies taking in and keeping in all the good-for-nothings. I wish she had witnessed a scene at which I once sat as a spectator. It was the meeting of an alumnæ society of a well-known school. A member, some time after graduation, had brought discredit upon the name of nurse. Her offence was moral and ethical, yet she was a fine nurse and had stood well. The question of her expulsion from the society was up and was debated with great

seriousness. Arguments for charity and toleration were not wanting, but the final conclusion was that the name of the society must be an absolutely reliable guarantee to the public.

The vote was taken, and at the call for the "nays" one old and faithful friend, in a silence that was painful, arose and stood for a moment. The "ayes" were taken, and every other woman arose. Many of them also were friends of the erring one, but the responsibility to the public came first. I have met few board women so solemnly conscientious in guarding the standards entrusted to them.

On the other hand, I have known scores of women on boards who were just and considerate to both superintendent and pupils to whom I shall always feel deeply grateful.

AN OLD NURSE.

DEAR EDITOR: I wish to know through your pages where an Ellis's feeding-cup may be procured. If you cannot tell me, perhaps some of your readers may be able to do so.

KATHLEEN MCCLEES.

DEAR EDITOR: Will you through the pages of THE AMERICAN JOURNAL OF NURSING give me the names of the hospitals that accept pupils for post-graduate work outside of their own school, also the best schools for general work?

A SUBSCRIBER.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



EDITOR'S MISCELLANY



REPORT OF THE COMMITTEE ON PHILANTHROPIC EDUCATION

(From the Twentieth Annual Report of the Charity Organization Society, New York)

[THE following report is of much interest as showing the steady tendency towards higher education for practical work, and also as pointing out a field of great variety of occupation to nurses who may for one reason or another wish to branch out into work not strictly nursing, yet in which all the nurse's knowledge may come into play. In its impulse and purposes this course is quite similar to our own Hospital Economics course at Columbia. Several nurses have already taken it, and we strongly advise others to do so. This year's six-weeks' course, the notice of which follows, will probably be the last short course.]

The Committee on Philanthropic Education, having conducted for five years the Summer School in Philanthropic Work, feel that the time has come for a more extended course. The Summer School has become a general meeting-place for experienced workers from different cities who share their knowledge with the young men and women just starting out in their life work, who come from different charitable societies in the several States and cities, and from the universities. It has made for itself a distinct place and will be continued; but within the short space of six weeks it cannot give adequate training to those who would engage in charitable work and undertake the task of adjusting unfortunate families more perfectly to their complex environment.

The committee has therefore issued an appeal for one hundred thousand dollars with which to establish a training-school for charitable work, similar in some respects to the schools that prepare for other professions, by which under experienced guides new workers may touch the poor helpfully from the start, and not gain experience by their blunders in trying to help the sick and the needy.

Aside from the necessity to help suffering humanity rightly, there is an important financial aspect to this subject. The New York State Board of Charities has called attention to the fact that the societies and institutions of the State reporting to it expend twenty million dollars annually, and that probably ten million dollars more are expended through the purses of private individuals, churches, etc., not reported, making a total of thirty million dollars in one State. The expenditures in Massachusetts, Ohio, Michigan, and other States are probably nearly as large, while the sum for the whole country has never been estimated. Charity is a vast social engine, and should have competent and trained people to work it. A well-equipped School of Philanthropy has become a necessity.

The appeal of the Committee on Philanthropic Education is strongly endorsed by Hon. Abram S. Hewitt, Mayor Seth Low, Bishop Henry C. Potter, Dr. Daniel C. Gilman, director of the Carnegie Institute at Washington, D. C., and Hon. Joseph S. Choate, Ambassador of the United States to Great Britain. Hitherto this appeal has been sent only to certain persons in New York City known to be interested in philanthropic work, but the appeal is now extended. It is believed that the proposed school of philanthropy offers an opportunity for useful endowment similar to that embraced by Mr. John S. Kennedy in establishing the United Charities Building in New York City.

The following two-years' course has been worked out by the committee, and will be established as soon as means can be secured for the purpose. By resolution of the Central Council of the Charity Organization Society in New York City it will receive funds for the establishment of a Training-School in Philanthropy and use them exclusively for it.

PROPOSED TWO-YEARS' COURSE IN PHILANTHROPIC WORK.

During the first year, three months each to the following:

I.—The Care and Treatment of Needy Families in their Homes.

II.—Child-saving, including the Care of Destitute or Neglected, Delinquent, and Defective Children.

III.—Medical Charities; the Institutional Care of Adults; and Neighborhood Improvement, such as Tenement Reform and Social Settlement Work.

During the second year a special study of some branch of philanthropic work, with a view to entering it as a life work, as Charity Organization, Relief Work, Placing-out of Children, Church Work, Care of the Feeble-minded, Care for Prisoners.

The purpose of the course is to ground the student in the teachings of experience and in the principles of helpfulness in order that he may be ready with keen sympathy and uncrystallized mind to deal with every case of need.

First Term:

FIRST YEAR.

The Care and Treatment of Needy Families in Their Homes (three months):

1. Study of investigation, including a complete, careful investigation by each student of twenty-five selected families, under the direction of persons who are experienced in the kind and thorough treatment of distress.
2. An analysis of the standard of living among the poor, and the distribution of family income.
3. Employment for the poor and industrial training.
4. The uses and limitations of material relief.
 - (a) An analysis of relief found necessary in the families investigated.
 - (b) The kinds, sources, and results of relief, such as relief in material, relief in cash, private and public outdoor relief, transportation, unusual forms of relief.
 - (c) History of public outdoor relief, English, French, German, American.
5. Personal service in elevating the poor.
6. The inculcation of right habits of life in the family.
7. Care of the sick poor in their homes; when to remove patients; adequate care under conditions of protracted illness or contagion.
8. Registration, similar to work done in investigation.
9. Cooperation of charitable societies and institutions.

Second Term:

The Care of Destitute or Neglected, Delinquent, and Defective Children (three months):

1. Uses of the probation system.
2. When children should be separated from parents or guardians.
3. Temporary care in institutions or family homes.
4. Placing-out in private homes.
 - (a) Selection of the home.
 - (b) Selection of the child.
 - (c) Supervision in the home.
5. Institutions.
 - (a) Scope and influence.
 - (b) Organization and management.
 - (c) Duration for normal and abnormal children.

6. The care and education of delinquent children.
7. The care and education of defective children,—the feeble-minded, the blind, the deaf and dumb, the epileptic, the crippled.

Third Term:

The Nature and Extent of Medical Charities (two weeks):

1. Public and private effort in medical charity.
2. The prevention of contagion in crowded neighborhoods.
3. The warfare against consumption.

The Institutional Care of Adults (four weeks):

1. The development of the almshouse.
2. Custodial care of the feeble-minded and insane.
3. The means of effective reform in the lives of prisoners.
4. The financial management and accounts of charitable agencies and institutions.

Neighborhood Improvement (two weeks):

- (a) Through private agencies: the social settlements.
- (b) Through public agencies: tenement reform, public baths, playgrounds.

Immigration.

Legislation as a Means of Improving the Condition of the Poor.

Supervision of Institutions by Public and Private Agencies.

Means of Educating Public Sentiment upon Problems in Philanthropic Work.

Throughout the year the work will be practical rather than theoretical, keeping in close touch with families needing assistance. Students will be assigned to work in the district offices of the Charity Organization Society and other organizations.

Residence for at least three months of the year in one of the Social Settlements is recommended.

SECOND YEAR.

I.—The Choice of Special Field of Study, with a View to Entering it as a Life Work. The following are suggested:

- Relief work.
- Charity organization.
- Child-saving.
- Institution work.
- Settlement work.
- Church work.
- The well-being of the poor of a particular nationality, as Italians, Russians, etc.
- Care for the feeble-minded and insane.
- Care for prisoners.

II.—Residence for Purposes of Study and Practical Experience in Two Cities During a Portion of the Year.

III.—The Preparation of a Thesis for Publication.

At the discretion of the committee in charge, persons may be admitted to second-year standing who have taken the short course in the Summer School in philanthropic work, and (1) have had the advantage of university training, including courses in philanthropy under one of the following teachers (or its equivalent):

- Professor Francis G. Peabody, Harvard University;
- Professor Franklin H. Giddings, Columbia University;
- Professor Samuel M. Lindsay, University of Pennsylvania;

Professor Frank A. Fetter, Cornell University;
 Professor Charles R. Henderson, University of Chicago;
 Professor Thomas M. Cooley, University of Michigan;
 Professor Richard T. Ely, University of Wisconsin;
 Professor Samuel G. Smith, University of Minnesota;
 Professor Mary Roberts Smith, Leland Stanford University;
 Dr. Jeffrey R. Brackett, Johns Hopkins University,
 or (2) persons whose experience in charitable work has fitted them for it.
 The course will not lead to a degree, but a certificate of work accomplished
 will be given when desired.

ANNOUNCEMENT OF THE SUMMER SCHOOL OF 1903.

(From the middle of June to the end of July, six weeks.)

The sixth session of the Summer School, 1903, will convene about June 15. The general course will not differ materially from that of 1902, reported above. A number of the same experienced workers, from various cities, will take part, new members in the instructing force being added from time to time. The plan of the school is informal, omitting as far as possible technical details. It thus becomes a conference of workers, students, and others for the earnest discussion of the important problems to be faced.

The requirements for admission are as follows:

(1) A degree from a university or college, or one year of actual service in philanthropic work. [The nurse's course of training is taken as an equivalent. —Ed.]

(2) Reading of the following books:

Warner, "American Charities."
 Devine, "The Practice of Charity."
 The latest "Report of the New York Charity Organization Society."

A knowledge of the contents of these three volumes is necessary to a full understanding of the course. The time of the school is not consumed by repeating the facts and definitions given in them.

Other reading suggested, but not required:

Loch, "Charity Organization."
 Richmond, "Friendly Visiting Among the Poor."
 Riis, "How the Other Half Lives."
 Woods, "City Wilderness."

Reports of the Boston Associated Charities, Philadelphia Society for Organizing Charity, New York State Charities Aid Association, New York Association for Improving the Condition of the Poor, Boston and New York Children's Aid Societies.

(3) A visit to the local almshouse in the community from which the student comes, with a view of presenting a report upon it at an early session of the school. A visit to the local jail is recommended.

A registration fee of ten dollars is received, which may be remitted in certain instances by scholarships which yield this sum. A member of the committee has given each year several scholarships yielding seventy-five dollars each, thus enabling some to attend who could not otherwise do so. Three other scholarships were provided last year by residents of the cities from which the students came.

The cost of board in New York varies from six dollars per week upward. About one-half of the members of the school each year find residence during the course in the Social Settlements. Others find pleasant quarters in the dormitories of Columbia University.

PHILIP W. AYRES, Director.

EDITORIAL COMMENT



NORTH CAROLINA LEADS

WE offer our congratulations to the North Carolina State Nurses' Association in being the first to secure the passage of a bill for registration. The bill is printed in another department, and is a poor substitute, we are told, for the original bill. All of the bills, as originally drawn, differ on so many points, and are being so torn to pieces in the hands of the legislators, that we reserve all comment as to their comparative merits until the battle is over. Each State has met the same kind of opposition, that of the commercial interests of private hospitals or quack nursing schools, as in the case of New Jersey, or, like New York, has been caught in the toils of medical politics, but even if the results are in a measure humiliating, the public knows much more about nurses and their standards than it did two months ago.

THE PUBLIC PRESS

IN North Carolina and New Jersey the press comments have, to some degree, shown ignorance and prejudice,—that is, so far as we are informed. In Illinois and New York adverse comment has been the exception. This has been notable in New York City, where the *Tribune*, *Sun*, *Times*, and the *Evening Post* have repeatedly given editorial encouragement, and the *Outlook* of March 14 gave a most satisfactory editorial on the subject of the New York bill. Albany, Rochester, Syracuse, Utica, and Buffalo papers have shown a friendly attitude.

MEDICAL SUPPORT

IN the official department, in the report of the chairman of the Legislative Committee of the New York State Nurses' Association, mention will be found of the resolution passed by the Medical Society of the State of New York in support of the nurses' bill. This action of the Medical Society, with its six thousand members, while it may not have expressed the individual opinion of every physician enrolled, is the most gratifying incident that the New York nurses have to record. The unanimous endorsement of the nurses' bill, the willingness on the part of this great representative body to assist rather than to dictate, was a splendid expression of the respect and confidence with which at least the majority of the medical men of the State regard the women of the nursing profession.

To Dr. Frank Van Fleet, of New York City, chairman of the Legislative Committee of the Medical Society, the nurses owe an everlasting debt of gratitude. During the Albany campaign without his presence, advice, and assistance the leaders would many times, in their inexperience, have been brought to confusion, and the fact that he represented such a great force in the medical profession gave them courage to stand for what they believed to be right.

A QUESTION OF ETHICS

It was quite puzzling to find that Dr. A. G. Root, of Albany, also one of the Legislative Committee of the Medical Society, seemed to be leading the opposition to the bill, as when he arose to speak he announced that he *represented* the Medical Society of the State of New York.

The opposition speaks first at these hearings, and when Dr. Van Fleet's turn came the discrepancy between his announcement of official instruction and Dr. Root's personal claim raised a problem in ethics that the delegation present is still attempting to solve.

INDIVIDUAL INFLUENCE

NEVER has there been a clearer demonstration of the fact that the women at the heads of training-schools have great power to mould public opinion in regard to nursing affairs, and according as they have been active, we find laymen and physicians intelligently sympathetic or otherwise.

Throughout the movement it was easy to point out the places where the women in hospital positions were indifferent or timid by the absence of general interest and aid in those places. They were also so few in number as to be doubly conspicuous.

The adverse influence of the Buffalo Nurses' Club was counterbalanced by the Erie County Alumnae Association and by the fact that there were in Buffalo some strong individual supporters of the movement.

In Albany, where there is but one hospital of prominence and where nursing standards are comparatively new to the general public, not only was no work done in shaping public opinion, but the opposition was concentrated there, and the one woman whose position gave her, for the time being, the opportunity of leading nursing opinions in Albany appeared on the side of the opposition.

THE OBJECTION TO MEDICAL EXAMINERS

IN standing out for a Board of Examiners composed exclusively of nurses the New York nurses are not making a stand against doctors. It must be borne in mind that "registration" in New York State is a long-established executive department of the government. It is the law of the State that all of the professions nominate to the Regents members of their own profession from whom the Examining Board is selected.

Registration is the first step towards placing nursing upon the basis of a profession, and for this reason, if for no other, recognition is to be secured if possible.

Three medical examiners, one from each medical society,—allopathic, homœopathic, and eclectic,—would seem to open the way to the most dire confusion in nursing affairs. Medical men of both the allopathic and homœopathic schools advised resisting this proposition. With such a system the nursing interests at Albany would become involved in medical politics, of which a little experience has already been felt.

Medical interests in nursing matters are provided for in New York by the three physicians who are members of the Board of Regents.

But, more than all, the highest and most noble type of men among physicians do not want to be represented or to serve on the Nursing Board. That type of men the nurses are perfectly willing to trust in every way, feeling sure of liberal

justice always at their hands, but it is the kind of men who are determined to dictate and force themselves upon the Nursing Board whom the nurses are afraid to trust.

THE BEST JUDGES

NURSES are the best judges of the qualifications of nurses. The difficulties of nurses are best understood by nurses, and there can be none more capable of dealing justly and fairly with all of the problems that registration will bring than nurses themselves, with the Board of Regents, with its three medical men, as the final court of appeal. That the New York State Nurses' Association should nominate from its members names from whom the Regents shall select the Examining Board is simply in line with the treatment accorded the other professions.

THE PROFESSION DISGRACED

JUST at the time when the nurses all over the country were soliciting the support of the public in their efforts to secure legislation, and when the press was commenting favorably in behalf of the movement, an occurrence which took place at the New York Eye and Ear Infirmary brought disgrace upon the entire nursing profession.

The facts as we give them are given us by an officer of the hospital:

Feeling dissatisfied with some changes that were being made in the administration of the hospital, eleven members of the nursing staff left in a body without previous notice. This occurred on the evening of February 28. Four of these nurses left letters of resignation on the superintendent's desk when they went off duty at eight P.M., but all failed to appear at the regular time the next morning.

Leaving the hospital handicapped for service is not the most serious of the charges to be brought against these nurses. It was found that medicines had been mixed, atropia put into cocaine bottles, etc., and lenses changed about in such a manner that it was with difficulty that order was again secured.

When we consider the critical nature of eye nursing, and realize that through lack of care for a few hours or accident the life of a human being may be plunged into perpetual darkness, there are no words too strong in which our condemnation of these women can be expressed.

The New York *Tribune* in commenting upon this occurrence asked the question very justly, "Are these the women who are asking for State registration under the Regents?" With State registration it might be possible to warn the public against such women, but as it is, there seems to be no redress for such unprofessional conduct, which demonstrated that their own personal, petty grievances were of greater moment than the welfare of helpless patients.

ANNOUNCEMENT

WE are obliged to hold over for want of space an unusual number of letters and items. This number is unavoidably a little late.

